

APPLICATION FOR REGISTRATION OF AN ORCHID HYBRID

PAYMENT MUST ACCOMPANY THE APPLICATION

P: _____ T: _____ Registrar's use only
 (Before filling in this form please consult the notes overleaf. Use block capitals or typescript.)
 Your ref/seedling no.* _____

I enclose cheque* / RHS credit note* for £7.50* / US\$12.50*
 OR
 Debit £7.50 from my American Express* / Visa* / Mastercard* / Diners* credit card
 No: _____ *delete those not applicable
 Expiry date: _____

GREX GENUS - _____
 GREX EPITHET (1ST CHOICE) - _____
 GREX EPITHET (2ND CHOICE) - _____
 TWO CHOICES **MUST** BE GIVEN

DATE OF MAKING CROSS (ie. pollination) _____ DATE OF FIRST FLOWERING _____
see Note 6 overleaf

BRIEF DESCRIPTION OF FIRST FLOWERS - see overleaf to continue

PARENTS	SEED ♀	POLLEN ♂
GENUS: _____	GENUS: _____	
EPITHET: _____ <small>Specific or Grex Epithet</small>	EPITHET: _____ <small>Specific or Grex Epithet</small>	
EPITHET: _____ <small>Varietal or Cultivar Epithet (Optional)</small>	EPITHET: _____ <small>Varietal or Cultivar Epithet (Optional)</small>	

APPLICANT TITLE: _____ FORENAMES: _____
 SURNAME: _____ OR TRADING NAME: _____
 ADDRESS: _____
 POSTCODE: _____ COUNTRY: _____
 FAX/PHONE (optional): _____ E-MAIL (optional): _____

I do / do not* authorise the disclosure of parental cultivar epithets
*delete as appropriate

Colour photograph enclosed?
 Yes/No*
*delete as appropriate (see Note 7 overleaf)

Applicant's declaration regarding originator

Either (1) I am the Originator as defined in Note 5 overleaf
 Or (2) The Originator is unknown as explained by me overleaf
 Or (3) The Originator's name and address is:

 and (a) has given permission for this application
 or (b) is no longer extant, has no living spouse and no assignee is known to me
 or (c) has not replied to any written request for permission as sent to him on (date - over 3 months ago)
ONE BOX ABOVE MUST BE TICKED

I certify to the best of my knowledge and belief the particulars and declaration given above are correct. I agree to my personal details being kept on record.

Signature of applicant Date
NO APPLICATION CAN BE ACCEPTED UNLESS ALL THE DECLARATIONS ABOVE ARE COMPLETED