

Orchid Quest 2005

Orchid Growers Guild
Exhibition Hall at the Alliant Energy Center
Madison Wisconsin
February 4-6, 2005

EXHIBIT:

We (I) will have the following exhibit: (Please check which applies.)

- _____ Orchid Plants
 - _____ Orchid Cut Flowers
 - _____ Other (please specify)
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The size of the exhibit will be: (Please check which applies.)

- _____ Table top _____ 25 sq. ft.
- _____ 50 sq. ft _____ 100 sq. ft.

Name as it is to appear on the display: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

e-mail _____

Name, e-mail and phone for persons who wish to clerk:

Please return this registration form by December 1, 2004 to:

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