

AHS 2010 Convention Registration Form
June 23 – 26, Sheraton Bloomington Hotel
Hosted by the Minnesota Hosta Society



Register online and pay by credit card at: www.starsofthenorth.net
 or send in **one form per person** with payment. Please print.

Name (as you would like it on your name badge) _____
 Address _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 Email ** _____ Phone (day/evening/cell) _____
**** Registration confirmations will be sent via email only.**

Please select: (Any refunds subject to \$100 administration fee)

- | | |
|---|--|
| <input type="checkbox"/> \$199 Early Full Registration (postmarked by May 16) includes all activities and garden tours Wednesday evening through Saturday, Welcome Dinner Thursday evening; lunch Friday and Saturday; and banquet Saturday evening. | <input type="checkbox"/> \$249 Full Registration (postmarked after May 17) |
| | <input type="checkbox"/> \$140 Meals Only (postmarked by June 1) includes name badge, Welcome Dinner Thursday evening; lunch Friday and Saturday; and banquet Saturday evening. |
| <input type="radio"/> Vegetarian Meals | |

- \$35 Optional Tour** Wednesday, June 23; coach tour to Rochester, Minnesota, including 5 private gardens, 1 public garden (Mayowood), lunch, and 1 nursery with buying opportunity.
- \$35 Botanical Painting Class** Thursday, June 24. This all day (9am-4pm) class includes all materials needed.
 Class size limited to 16- sign up early!

****There will be several other classes, demonstrations and speakers throughout the convention- a nominal fee may apply, payable at the door.** See website for further information.**

Judges Clinics – please indicate which clinics you will attend

- Clinic I** (Thurs. 2-5 pm) **Clinic II** (Thurs. 5-6 pm) **Clinic III** (Thurs. 9-10 am)

Judges Handbook – If attending a judges clinic, you must bring a current handbook. Download free at hosta.org

- Check this box to receive the official handbook and binder at the clinic. (\$10 fee payable at the clinic)

Hosta Show (limit of 25 entries in Division I, Sections I-XII. Show Schedule will be online: starsofthenorth.net)

Do you plan to:

- Enter** **Judge** **Clerk**

Please check planned entries & number of entries in each:

- | | |
|---|--|
| <input type="checkbox"/> Containers Div II _____ | <input type="checkbox"/> Troughs Div III _____ |
| <input type="checkbox"/> Educational Div IV _____ | <input type="checkbox"/> Artistic Div VI _____ |
| <input type="checkbox"/> Specialty Div VII _____ | |

\$ _____ TOTAL FEES (including Optional Day and Class Fee) **Payment in U.S. funds (Check or Card):**

- By Check:** AHS 2010 Convention, c/o Desyl Peterson P.O. Box 193, Maple Plain, MN 55359
 By Card: \$8.95 convenience fee per person will be added to your total.

(circle) VISA/MC/Discover/Amex # _____ Expiration: __/____

Signature _____

HOTEL: Reserve by June 1, 2010 for convention rate: Sheraton Bloomington Hotel

<http://www.starwoodmeeting.com/book/amerhosta2010>

866-837-4278