



Region 5 2018 Spring Meeting
June 15-16, 2018

Hosted by the Daylily Society of Greater Atlanta
 Website: www.atlantadaylily.org



Convention Location: **Hilton Garden Inn, Alpharetta**
4025 Windward Plaza, Alpharetta, GA 30005
 Phone 1-770-360-7766 Use Group Code: DSGAR

Atlanta - The place to convene in 2018!!

Convention Chair: Claude Carpenter
 (Cell 678-469-4731)

Registration Information: Registration includes one day of motor coach tours (three tour gardens) and two dinners. Companion dinners will be available for \$50.00 each. **Please print** names as you wish them to appear on your nametags. Indicate youth reservations with a "Y" following the name.

Deadline for all registrations is May 15, 2018.

Attendee # 1 _____ **Attendee # 2** _____

Additional Attendees _____

Address _____

City _____ State _____ Zip Code _____

AHS Region _____ E-mail _____

Phone _____

If you are a Regional or National officer, please list your title: _____

If you have special medical **dietary or **mobility** needs, please provide names and specific details on the bottom of the registration form.

Convention Registration Fees:

Adult Registration (\$109.00 postmarked by 4-30-18) Number _____ Cost _____ Total _____

Adult Registration (\$129.00 postmarked **after** 4-30-18) Number _____ Cost _____ Total _____

Youth Registration (\$99.00 postmarked by 4-30-18) Number _____ Cost _____ Total _____

Youth Registration (\$119.00 postmarked **after** 4-30-18) Number _____ Cost _____ Total _____

Companion Dinners Name _____ Number _____ Cost \$50 each Total _____
 (for June 15 and/or June 16)

Registration Total: Total _____

(Maximum registrations are 120! A waiting list will begin as soon as the 120 cap is reached.)

Pre-registration/payment is required and may be made by check or credit card. Registration forms received without payment or credit card information will be returned.

Make checks payable to: **DSGA - 2018 Spring Meeting** Paid by check # _____

To charge your convention registration to a credit card, please complete the following information –

Credit Card – Visa, MasterCard, or American Express #: _____

Billing zip code: _____ Exp. Date: _____ 3 or 4 Digit Security Code: _____

*Once credit card charges have been processed, this part of the registration form will be “blacked out” for security purposes.

Convention Cancellation Policy: Cancellations received before 4-30-18 will receive a full refund; those received after 4-30-18 will be reviewed on an individual basis. Registrations may be transferred to someone else after the 4-30-18 cutoff date. Please notify registrar of changes.

Hotel Reservations: Make hotel reservations by phone directly with Hilton Garden Inn, Atlanta North/Alpharetta (1-770-360-7766) before the cutoff date of **5-30-18** and mention **Group Code: DSGAR** to receive discounted rates.

(\$119 per night for King room and \$109 per night for Standard room, **includes breakfast**; excludes taxes).

Judges Clinic and Workshop Registration: Please list name(s) of person(s) who plan to attend. A \$5.00 clinic/workshop fee will be collected at each session. Attendees must bring the newest revision of the Garden Judges and Exhibition Judges Handbooks (available on the AHS website).

Exhibition Judges Clinic I _____

Exhibition Judges Clinic II _____

Exhibition Judges Clinic III _____

Garden Judges Workshop 1 _____

Garden Judges Workshop 2 _____

Any special medical **dietary** or **mobility** needs? (Please specify how we may best support you.)

Name- _____

Mail Registration to: Patty Franklin

Region 5, 2018 Registrar

15230 Birmingham Highway, Alpharetta, GA 30004

(Phone: 770-410-0548 e-mail: mpflowers@comcast.net)