

AIS Region 4 Fall 2018 Meeting
Saturday October 27th
Winchester, Virginia
Registration Form

Name (1): _____ Chapter or Region: _____

Name Preferred on Nametag (1): _____

Name (2): _____ Chapter or Region: _____

Name Preferred on Nametag (2): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____ (optional)

Full Registration: \$60.00 x _____ person(s) = \$ _____

Youth Full Registration: \$50.00 x _____ person(s) = \$ _____

After Oct. 5th, the Full Registration will be \$70.00 x _____ person(s) = \$ _____

Full registration includes lunch on Saturday and dinner on Saturday and two judge's training

Special Dietary needs? E-mail Sheryl Campbell at Campbells@IrisHillsFarm.com by Oct 1st.

Total Amount Enclosed: \$ _____

Send completed Registration Form with a Check made payable to S&P Iris Society and mail by October 15th to:

Ginny Spoon
1225 Reynolds Rd
Cross Junction, VA 22625

For additional information contact:

Ginny Spoon
540-888-4447
Email: vspoon@aol.com

Sheryl Campbell
540-868-2123
campbells@irishillsfarm.com