

The Orchid Species Society Inc.
Orchid Species Show
Plant Sales Lodgement Form

(please print all information)

Name: _____

Pot code: _____

Society: _____

Phone number: _____

Payment option:

Cheque

Postal address: _____

Bank account A/C Name: _____

BSB: _____ A/C No: _____

Email address (to advise of payment to bank): _____

I accept the plant sales conditions as detailed in the Show Schedule.

Signature: _____

Date: __ / __ / _____