

**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): \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_\_\_\_