



**American Hemerocallis Society Exhibition Judges Clinic Final Report**

Region \_\_\_\_\_ Date of Clinic \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinic Location: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Chairman of Clinic (Name and E mail): \_\_\_\_\_

Clinic Instructors: [(Circle clinic(s) taught (I=1, II=2, III=3(refresher) )

I II III \_\_\_\_\_

I II III \_\_\_\_\_

I II III \_\_\_\_\_

I II III \_\_\_\_\_

I II III \_\_\_\_\_

I II III \_\_\_\_\_

**Clinic 2 Master Panel Members: (Circle status)**

Senior Junior \_\_\_\_\_

Senior Junior \_\_\_\_\_

Senior Junior \_\_\_\_\_

Senior Junior \_\_\_\_\_

Senior Junior \_\_\_\_\_

Senior Junior \_\_\_\_\_

**Students for Credit:**

\_\_\_\_\_ Students in Clinic 1 @ \$5.00 \$ \_\_\_\_\_

\_\_\_\_\_ Students in Clinic 2 @ \$5.00 \$ \_\_\_\_\_

\_\_\_\_\_ Students in Clinic 3 (refresher) @ \$5.00 \$ \_\_\_\_\_

Subtotal for accreditation: \$ \_\_\_\_\_

**Auditors:**

\_\_\_\_\_ Auditors in Clinic 1 @ \$3.00 \$ \_\_\_\_\_

**Total from Clinics:** \$ \_\_\_\_\_

**Instructions:**

1. Insure each attendee is listed on a Clinic Registration sheet
2. Within 14 days of completion of your clinic, make a copy of all materials and send originals and a check (made out to American Hemerocallis Society, Inc.) to:

Joann Stewart

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Revised Jan 2017