



**The Central Florida Daylily Society hosts: Small Garden Gems
Region 12 Spring Regional Meeting**

May 7-9, 2010



Headquarters: Clarion Inn & Conference Center, 230 W. SR 436, Altamonte Springs, FL 32714, (407) 862-4455

Hotel Rate: Rate is \$69 per night. Mention "Daylily Society" when making reservations. Rate is good through April 20, 2010 and includes a full, hot breakfast.

Registrar: Trudy Marth, 4140 Packard Ave., St. Cloud, FL 34772, (407) 498-0682, portmarth@comcast.net

Registration Fee: Adult: \$80, Youth (under 14): \$50, if paid by April 16, 2010. Afterwards: \$20 late fee.

Registration Times: Friday 4:00 p.m. to 6:00p.m. and Saturday, 6:30 a.m. to 7:15 a.m.

Friday: **Boutique and Silent Auction.** Open 4:00 p.m. to 6:30 p.m., Clarion Inn
Light Appetizers and Social. 6:00 p.m. Clarion Inn

Saturday: **Bus Tour of Gardens.** Buses load at 7:15 a.m. in front of the Clarion Inn for departure at 7:30 a.m. promptly. Tour Gardens: Bob and Sara Martin's Dunroamin Garden, Jo Ann and Paul Little's Garden, Wayne and Fern Johnson's Garden, and CJ and Virginia Gregory's Dragonwood Garden (Munson Bed)

Lunch. Approximately 1:00 p.m., Clarion Inn

Garden Judges – Workshop 1. 2:00 p.m., Clarion Inn

Garden Judges – Workshop 2. 2:00 p.m., Dragonwood Garden (remain in garden after bus tour, lunch will be served in the garden).

Exhibition Judges – Clinic I. 2:00 p.m., Clarion Inn

Exhibition Judges – Clinic II. 2:00 p.m., Clarion Inn

Exhibition Judges – Clinic III (Refresher). 2:00 p.m., Clarion Inn

Boutique and Silent Auction. 3:00 p.m. to 5:30 p.m., Clarion Inn

Small Hybridizer Gems of Region 12 Presentation. 3:00 p.m., Clarion Inn

Banquet. Social Hour: 5:30 p.m. Dinner: 6:00 p.m.

Region 12 Business Meeting: Elaine Alito, Regional President

Guest Speaker: Ludlow Lambertson, Art Gallery Garden

Auction: To benefit Region 12

Sunday: **Open Gardens** (on your own). A list of open gardens will be in your registration packet.

AHS Region 12 Spring Meeting 2010 – Orlando, FL – May 7-9, 2010

Name(s): _____

Address: _____

Phone: _____ **Email:** _____

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Make checks or money orders payable to: **CFDS** (Central Florida Daylily Society)

Amount enclosed: \$ _____ (Registration does NOT include hotel reservations – Contact the hotel directly.)

Please indicate the total number attending the following Clinics/Workshops (Needed to secure meeting space):

Exhibition I: _____ Exhibition II: _____ Exhibition III: _____ Garden 1: _____ Garden 2: _____

Fee for Judges Clinics/Workshops is \$5.00 per person/per clinic collected at the door. Checks payable to AHS.