

INTERNATIONAL REGISTRATION OF HOSTA CULTIVARS

The following is the *minimum* required for registration:

- This form with the bold-faced items completed in their entirety.
- One photographic (digital) print or slide of the clump, with leaf detail discernable.
- Written permission from the originator if other than the registrant.

The following is optional but strongly requested:

- Any information requested on the back side of the form now or as soon as available.
- A different photo showing leaf detail.
- A different photo showing flower detail.
- A \$5 registration fee. Check payable to The American Hosta Society (unpaid fees will be paid by The American Hosta Society).

Forms, fee, photos, etc. should be mailed to: Hosta Registrar, **Kevin P. Walek, 9122 John Way, Fairfax Station, VA 22039-3042** or email to: **ahsregistrar@aol.com**. Terms used on this form can be found in *The American Hosta Society Glossary of Terms*. Questions can be answered by calling 703-798-5501 (evenings and weekends) or emailing **ahsregistrar@aol.com**.

Please note: Un-established cultivar names submitted for registration do not become established until they are published in *The Hosta Journal* accompanied by their description and thus could become established outside of registration prior to that publishing date. **Feel free to photocopy this form for additional copies and distribution or visit www.hostaregistrar.org**

Registrations received by November 1 will be included for that year's registration publication.

Cultivar Name: _____ **Originator:** _____

Name of Registrant: _____ **Introducer:** _____

Address/Phone/Email: _____ **Nominant(namer):** _____

General Information: (All bold-faced items are required for registration)

All measurements provided on the form are: (check one) _____ inches _____ centimeters

Is the cultivar currently being grown or sold under a different name or number? (detailed explanation): _____

Has this cultivar name ever been published? _____ Please provide: publication name (catalogs included) and date: _____

Is the cultivar a seedling or sport (circle and supply the cultivar name of the parent as requested)?

"Parent" of Sport: _____ Seedling Pod Parent: _____ Seedling Pollen Parent: _____

The clump being described is _____ yrs old and is/was/has (circle all that apply): 1) original seedling/original sport/a _____ generation division/tissue cultured/an unknown history 2) obtained from the originator/a nursery/other source:

The clump described is growing in (city/state/country):

What diagnostic characteristics make this cultivar unique from other hostas?

Plant Patent or Breeder's Rights:

Is/will the a patent, or country's Breeders Rights be applied for, for this cultivar?(Y/N)

If so, please indicate which country _____ application # _____
date(s) ___/___/___ Pat. Pend. or Patent # _____ Breeder's Rights # _____
date(s) ___/___/___

Plant: (All bold-faced items are required for registration)

Plant Size: Width _____ Height _____

Plant Habit: (circle one) upright mound-like rhizomatous

Growth Rate: (circle one) slow med. fast

