

	<h2>Application To Register A Nymphaeaceae Cultivar Name</h2>	<p>Appointed by the International Society for Horticultural Science (ISHS), the International Registration Authority (ICRA) for Nymphaeaceae Salisb.</p>
<p>Address for all registration correspondence:</p> <p>IWGS Registrar, Denver Botanic Gardens, 909 York Street, Denver, CO 80206 Telephone 720-865-3556 email: tamara.kilbane@botanicgardens.org Registrar: Tamara Kilbane</p>		

PART 1: THE NAME OF THE NEW CULTIVAR

1	Sub-genus of the cultivar (also note which subgenera are represented if the cultivar is an intersubgeneric cross):	
2	Species to which the cultivar belongs (if known):	
3	State the proposed cultivar name:	
4	<p>Name and address of originator (who discovered or hybridized cultivar):</p> <p>Date originated</p>	
5	<p>Name and address of nominant (who named the cultivar), if different from above:</p> <p>Date named</p>	
6	<p>Name and address of introducer (who introduced the cultivar to the market), if different from above:</p> <p>Date introduced</p>	

7	Name and address of registrant (who is registering the cultivar with us), if different from above: Telephone number Fax number E-mail address
8	If the cultivar name is being registered on behalf of an organization, give name and address of that organization:
9	Has the originator given permission for the cultivar to be registered under the proposed name? Circle: YES NO
10	As far as you know has the name already been published in a dated publication together with a description? Circle: YES NO
11	If the answer to 10 is "YES" please give details of the earliest publication and enclose a copy or photocopy of the relevant pages (including evidence of date) with this application form.
12	As far as you know has the cultivar ever been subject to application for, or grant of, a Patent or Plant Breeders Rights? Circle: YES NO
13	If the answer to 12 is "YES" please give details of the first such issuing authority and any grant number (s) issued. Grant Number Issued by
14	If the cultivar is named after someone living or dead, have you had permission from that person (or his/her legal representative) to register the name? Circle: YES NO
15	If it is not obvious, please state the name derivation (meaning) of your proposed name.
16	Has a Standard been deposited for inspection in a recognized herbarium? Circle: YES NO
17	If the answer to 16 is "YES" please list the herbarium and any others maintaining duplicates.

PART 2: HISTORY OF THE NEW CULTIVAR

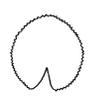
18	If the cultivar was found growing in the wild please give original location where it was found.
19	Was the cultivar selected from a batch of cultivated seedlings? NO Circle: YES
20	If the answer to 19 was "YES" please state the name of the parents if known.
	Seed (maternal) parent
	Pollen (paternal) parent
21	Name and address of Grower or Hybridizer
	Year of raising / hybridizing
22	Was the cultivar derived from a sport of another plant? NO Circle: YES
23	If the answer to 22 is "YES" state the name of the parent plant.
24	Name and address of propagator
	Year of initial propagation
25	If received as an unnamed seedling or plant where did it come from?
26	If the cultivar has received any awards, please list them here.

PART 3: DESCRIPTION OF THE NEW CULTIVAR

27	What are the distinctive characteristics?
28	What existing cultivar does it most resemble?

29	In what way is the cultivar distinct from that in 28?		
30	Please tick the box to indicate the general overall shape of the flowers. If the state is intermediate tick boxes that reflect the intermediate state.		
			
	Stellate – Star shaped	Cupiform - Cup shaped	

31	Please indicate the color of the petals (see below) *Use of the RHS Color Chart is recommended in order to complete the following portion of the registration form.			
32	Filament color:			
33	Anther color:			
34	Sepal color abaxial (underside):			
35	Sepal color adaxial (top side):			
36	Sepal number:			
37	Pedicel (flower stalk) color:			
38	Pedicel glabrous (smooth) or pubescent (with fine hairs)?:			
39	Diameter of flower:	cm		
40	Petal number:			
41	Is the cultivar fragrant?			
42	Emergence height above water:	cm		
43	Please tick the box to indicate the general overall shape of the leaves. If the state is intermediate tick boxes that reflect the intermediate state.			
				
	Ovate	Ovate / Oblong	Sagittate	

44	Please tick the box to indicate the general margins of the leaves. If the state is intermediate tick boxes that reflect the intermediate state.				
					
	Irregularly Dentate	Dentate	Entire	Spinose dentate	

45	Leaves average Length x Width	cm	X	cm
46	Diameter of plant:			
47	Leaves abaxial (underside) color:			
48	Leaves adaxial (top side) color:			
49	Sinus:			
50	Petioles color:			
51	Is the plant viviparous?	Circle: YES NO		
52	Please tick the box to indicate the lobes of the leaves. If the state is intermediate tick boxes that reflect the intermediate state.			
				
	Lobes Open	Lobes Closed	Lobes Overlapping	

53	Please write any other comments or information you would like the Registrar to publish	
54	<p>Please include photos that depict each day's (or night's) bloom, the top and bottom of a leaf, the entire plant, and the rootstock/rhizome type if the hybrid is hardy or an intersubgeneric hybrid with hardy parentage.</p> <p>These photos will be used in the IWGS journal when listing newly registered hybrids and may also be used on the IWGS website.</p>	
55	Signature of Registrant & Date	