Application for registration of a rhododendron or azalea name with the International Cultivar Registration Authority for Rhododendron with photographic rights release

Introduction
This form is for use by North American registrants only (others, please see instructions). This form supersedes all previous versions. Because it has been substantially revised (2019), all registrants are strongly advised to read the new application instructions. The instructions include illustrations and a glossary.

An asterisk (*) in the form indicates that the instructions include particular details and advice for that section. Registrants should review the instructions before completing that section. The instructions may be found at www.rhododendron.org/plantregistry.htm; paper copies of the instructions may be obtained from the registrar via email request or at the address below.

There is no fee for registration of a plant name.

Photographs are not required but strongly encouraged (see instructions). Completed applications, photographic prints and questions should be sent to:

Michael Martin Mills, Registrar of Plant Names
632 Burnham Road, Philadelphia, PA 19119-3510

Questions and electronic images should be directed to: arsregistrar@gmail.com

Date of application: ________________________

* Proposed plant name:

_______________________________________

(A hybrid cultivar or a selected clone of a species may be named and registered.)

Type of plant (circle one):

elepidote rhododendron    lepidote rhododendron    evergreen azalea

deciduous azalea          vireya (lepidote)         other: ________________________
[Proposed plant name: _________________________________]

Registrant information

Person submitting the application:

__________________________________________________________________________

Address: ___________________________________________________________________

Phone(s): __________________________________________________________________

Email: _____________________________________________________________________

If applicable, name and address of institution or organization to be recorded as registering the
cultivar name:

__________________________________________________________________________

Is a certificate of registration requested?  Circle one:  yes  no

Please note: Throughout this form, please indicate if any listed individual (e.g., hybridizer,
namesake, namer, etc.) is deceased by adding “deceased” after the name.

Plant history

* – Complete either Section A or Section B, then proceed to Section C

A. Selected clone of a species to be registered as a cultivar

* Species (including subspecies, etc., if applicable):

__________________________________________________________________________

* Origin of plant:

__________________________________________________________________________

Species selected by: __________________________________________ Year: _______

Address: __________________________________________________________________
[Proposed plant name: _________________________________]

**B. Selected clone of a hybrid to be registered**

* Parentage

Seed parent: ________________________________________________

Pollen parent: ________________________________________________

* Complete appropriate line(s):

Hybrid hybridized by: ___________________________________________ Year: _____

Address: ________________________________________________________

Hybrid selected by: ___________________________________________ Year: _____

Address: ________________________________________________________

**C. All plants:**

Grown to first flower by

Name: _______________________________________________________ Year: _____

Address: ________________________________________________________

Named by

Name: _______________________________________________________ Year: _____

Address: ________________________________________________________

Commercial introducer

Name: _______________________________________________________ Year: _____

Address: ________________________________________________________

* Other relevant plant history details:

________________________________________________________________________

Has the proposed name appeared in a printed publication with a description?
Circle one: yes no unknown If yes, when, where and by whom:

________________________________________________________________________
[Proposed plant name: ____________________________]

Has a description appeared in a printed publication under another name?
Circle one: yes  no  unknown  If yes, when, where, by whom and what name(s):

____________________________________________________________________________________________

Awards: __________________________________________

Trademarks or patents: __________________________

Propagation history (under what name or number, and extent of propagation, for example, “minimal,” “significant,” “commercial”):

____________________________________________________________________________________________

* Prior informal designations for the cultivar, including breeder’s numerical references, and any other names for the cultivar:

____________________________________________________________________________________________

* Etymology, meaning or derivation of proposed plant name:

____________________________________________________________________________________________

* Flower details and colors

Elepidotes:
Number of flowers per single-bud truss: __________

Lepidotes, azaleas, azaleodendrons and vireyas:
Number of flowers per single-bud inflorescence: __________
Typical number of buds forming truss, terminal or cluster: _______
Typical number of flowers per truss, terminal or cluster: _______

* Truss dimensions (do not include pistil or stamens that extend beyond the flowers).
Truss height: ________ Truss width: _______
Truss shape (circle one):

dome       ball       conical       flat       lax

other truss shape: ____________________________

* Corolla shape: ________________________________
Corolla length (flattened length from base to tip of lobe): _______
Corolla width (widest diameter, do not distort flower): __________
* Number of lobes (see instructions for recording double or hose-in-hose lobes): __________
   Lobe shape: __________________________________________
* Lobe margin (circle one): wavy frilly flat
* Doubling, if any: __________________
* If applicable, noteworthy aspects of pistil and stamens:
   ______________________________________________________

Color chart used, with edition date if available (see instructions if using 2014 RHS Colour Chart): ___________________

* Bud (unopened corolla): _________________________________

Inside of flower: __________________________________________________

Color, form and location of interior marks (blotch, flare, spots, etc.):
   __________________________________________________

Outside of flower: _____________________________________________

* Optional for evergreen azaleas: pattern of flower colors: _______________

Calyx color: _____________________________________________

* Calyx length: ________________________________

Scent: circle one: none light moderate strong (Optional: characterize scent: _________)

* Leaf details

Leaf shape (circle one): elliptic lanceolate ovate obovate oblong
   orbicular oblanceolate Other leaf shape: _______________

Length: ___________________________ Width: ___________________________

Base shape (circle one): cuneate rounded oblique cordate other base shape: _______

Tip shape (circle one): acuminate acute broadly acute obtuse other tip shape: _______

Margins (circle one): flat wavy upcurved downcurved other leaf margin: _______

Curvature: ___________________________
[Proposed plant name: ____________________________________]

Leaf color: ____________________________________________

If applicable, distinctive new-growth or fall color (color chart numbers desired but not required):
____________________________________________________

* Leaf surface: Circle one: glossy semiglossy matte/dull other: ________________

* Leaf indumentum type: ____________________________________________

Indumentum color, young: ___________________________ mature: ___________________________

Indumentum location: ____________________________________________

Other indumentum information: ____________________________________________

**Plant characteristics**

Shrub height: _______________________ Shrub width: _______________________

Years to reach above dimensions: _______________________________________

Shrub habit: circle one: open intermediate dense

Leaves held: ___ growing seasons (for deciduous azaleas, leave blank)

Cold hardiness (indicate Celsius or Fahrenheit): plant: _______ buds: _______

Heat tolerance if known: _______________________

* Flowering period
All cultivars except vireyas: Circle one:
very early season early season midseason late season very late season

Also indicate month of flowering in registrant’s locale (add early, mid, late if desired):

________________________________________________

Vireyas: Indicate any distinct cycle or pattern of blooming, and if specific to locale or culture:

________________________________________________

* Comments/other plant features:

________________________________________________
[Proposed plant name: ________________________________]

* **Personal Data**

**What the Royal Horticultural Society does with your personal data.**

In completing and submitting a cultivar registration form, you are supplying the Royal Horticultural Society, as International Cultivar Registration Authority (ICRA), with information (“personal data”) that identifies you (and others).

By registering your plant with the RHS ICRA you agree to:

- The RHS ICRA retaining your personal data (including your name and contact details) on the RHS ICRA plant registration database
- This information being retained as a permanent record of your registration
- The publication of your name and abbreviated address (home town, county/state/province and country) in print and online in connection with ICRA registration, unless the registration is submitted in the name of an organization, such as a commercial nursery

The ICRA undertakes to hold all such personal data securely, in line with the RHS Privacy Statement.

**I agree to the terms laid out above**

Signed: _____________________________ Date: __________________
(typed “signature” will suffice for electronic submissions)

Print Name: ___________________________________________________

Your town, state/province, country: ________________________________

The following living persons are cited in the accompanying application for registration of a rhododendron name. I affirm that I have sought their permission to include their personal data if these data are not already in the public domain and that they have responded as indicated.

<table>
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<tr>
<th>Name *</th>
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* If any individual is a minor child or otherwise is incapable of responding, please consult the regional registrar, Michael Martin Mills (arsregistrar@gmail.com or 215-527-7145), before submitting this form.
* Photographic rights and release

As registrant, I confirm I am the copyright holder for the image(s) of [insert proposed plant name here] submitted to accompany this application.

I agree for the International Cultivar Registration Authority (ICRA) for Rhododendron to make use of the image(s) for any scientific or educational purpose in relation to the registration and correct naming of plants, whether through electronic or printed media.

I also agree to allow the American Rhododendron Society and its chapters to publish the image(s) in the Journal of the American Rhododendron Society, chapter newsletters, materials accompanying society or chapter plant sales, and in electronic compilations of a noncommercial nature.

The copyright of the image will remain with the original copyright holder.

Signature: ____________________________________________________________

Printed name: ________________________________________________________

Address: ____________________________________________________________

Telephone(s): ________________________________________________________

Email: ______________________________________________________________

If the registrant is not the copyright holder for the submitted image(s), do not sign above. Complete the following section and/or seek advice from the regional registrar (address on Page 1 of this form).

Copyright holder other than registrant

Name: ______________________________________________________________

Address: ____________________________________________________________

Telephone(s): ________________________________________________________

Email: ______________________________________________________________