



# Plant Submission Form

Center for Applied Nursery Research  
Southeast Plant Production Evaluation Program

Date: \_\_\_\_\_

Name of Plant: \_\_\_\_\_  
(Genus) (Species) (Cultivar)

Is the plant patented or otherwise protected (circle one) YES NO

Please state the full name and address of the plant's owner:

\_\_\_\_\_

Brief Plant Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested comparable Cultivar: \_\_\_\_\_  
(Common nursery grown cultivar that could be used as a basis to compare production requirements)

Liners source: \_\_\_\_\_

For Patented or Protected plants (trademarked, ect.):

I hereby certify that I am the owner or owner's representative, that I have the authority and hereby grant permission to CANR for this plant to be evaluated and the results published.

Name of Submitter: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Please return this form to CANR by fax 706-595-1546 or e-mail [director@canr.org](mailto:director@canr.org)