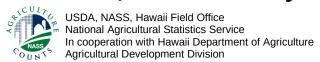
## **FALL POINSETTIA GROWER SURVEY** October 1, 2008 Inventory



substitute

c. Open field

Form Approved O.M.B. Number 535-0093 Approval Expires 6/30/09 Project Code 420 1428 South King Street Honolulu, HI 96814-2512 Telephone: (808) 973-9588 FAX: (808) 973-2909 Toll Free: 1 (800) 804-9514

		Please make corrections	in name, address, and ZIP code.				
		If your operation is known by another name, please					
Dear I	Reporter:						
production of the production o	cers to provide data on the inventer 1, 2008. The information obtaindential according to Title 7 of Unite	est of the Hawaii Association of Nurserymen or ntory of plants available for the coming season. ned will be published only in summary form. Indi d States Legal Code under Chapter 55, Section 2 ever, your cooperation is necessary to ensure acc	The reference inventory date is vidual reports will be kept strictly 2276. Response to this survey is				
we do		mptly and mail it in the enclosed postage paid re from our office will be contacting you to offe					
Since	rely yours, Mark & Hudson		Please return the completed questionnaire by				
	E. Hudson		October 3rd				
1. Ho	ow many pots did you set in <b>20</b> 0	<b>08</b> ? (If none, please check $\square$ and return.)	Number				
2. Ho	ow many pots were lost (for any	/ reason)?	Number				
		of pots available for sale this coming season e.) Please provide your best estimate if actua					
a.	. Under 5 inches	Number					
b.	5 inches to 6 ½ inches	Number					
C.	Over 6 ½ inches	Number					
d.	. Hanging baskets	Number					
e.	. Total (a to d)	Number					
4. Sp	pecify percent of each color gro	wn:					
a.	. Red	Percent					
b.	. White	Percent					
C.	Pink	Percent					
d.	. Marbled	Percent					
е	Other	Percent					
5. W	hat percent of your poinsettias	are grown under:					
a.	Saran	Percent					
b.	Permanent structure of glass or glass						

Percent

Percent

Please continue on the back page \_\_\_\_\_

6.	Please comment on the state of	your	poinsettia d	crop (	(circle ap	propriate	condition)	:
		,		,	(			

Disease problems:	None	Light	Moderate	Heavy
Insect problems:	None	Light	Moderate	Heavy
Wind damage:	None	Light	Moderate	Heavy

Comments:			

## THANK YOU FOR YOUR COOPERATION!

Respondent's Name	Date
Address	Island
Phone number	Farm location

OFFICE USE								Edited	
District	Respo	nse	Respondent		Mode		Enum.	Eval.	
10-4	1-Comp 2-R 3-Inac 4-Office Hold 5 R-Est 6-Inac-Est 7-Off Hold-Est 8-Known Zero	9901	1-OP/Mgr 2-Sp 3-Acct/Bkpr 4-Ptnr 9-Other	9902	1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-Email 7-FAX 8-CAPI 19-Other	9903	098	100	Punched  Verified

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0093. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.