

# 5<sup>th</sup> IACT Cultivar Submission Survey

*Please submit one form for each cultivar. If submitting more than one cultivar, please give a ranking among all submitted cultivars, in the space provided. Assign 1 to the cultivar that is best in overall performance.*

Cultivar name \_\_\_\_\_ Rank among all submitted cultivars: \_\_\_\_\_

Cultivar Type (check all that apply) **Open pollinated**  **Clonal hybrid**  **All-male**  **Diploid**  **Triploid**  **Tetraploid**

**Submitter Information:**

Contact Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_

Date seed will be available \_\_\_\_\_

Total amount of seed available (not per trial) \_\_\_\_\_

## Cultivar Attributes

Relative Tolerance	Low 1	Med-Low 2	Med 3	Med-High 4	High 5	Not Known ?
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fusarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phomopsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phytophthora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stemphylium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Relative Earliness</b>	<b>Very Early</b> <input type="checkbox"/>	<b>Mid Season</b> <input type="checkbox"/>	<b>Late Season</b> <input type="checkbox"/>	<b>Unknown</b> <input type="checkbox"/>
---------------------------	---	---	--	--

<b>Production Type</b>	<b>White</b> <input type="checkbox"/>	<b>Green</b> <input type="checkbox"/>	<b>White and Green</b> <input type="checkbox"/>	<b>Purple</b> <input type="checkbox"/>
------------------------	--	--	--	---

<b>Antioxidant Content</b>	<b>Low</b> <input type="checkbox"/>	<b>Medium</b> <input type="checkbox"/>	<b>High</b> <input type="checkbox"/>	<b>Unknown</b> <input type="checkbox"/>
----------------------------	--	---	---	--

**Other Important Properties:** (Nutritive, Industrial suitability, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_