

**AMERICAN ROSE SOCIETY
CONSULTING ROSARIAN SCHOOL/SEMINAR REQUEST FORM**

District: _____ Date:

Name of sponsoring Rose Society:

Name of Contact Person:

Address:

City, State, Zip + 4:

Phone # (day): _____ (night): _____ E-mail address:

Date and times of proposed school/seminar:

Location of proposed school/seminar:

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Is this a school and seminar, or just a seminar?

Name the proposed programs and speakers (for a school, a talk on chemical safety is required).

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SEND THIS COMPLETED FORM TO YOUR DISTRICT CHAIRMAN OF CONSULTING ROSARIANS AT LEAST 90 DAYS BEFORE THE PROPOSED SCHOOL/SEMINAR.

FOR ARS OFFICE USE ONLY

COPY TO NATIONAL CHAIRMAN_____

COPY TO ARS MAGAZINE CALENDAR

COPY TO DISTRICT CHAIRMAN OF CR'S

COMPLETE ABOVE INFORMATION AND RETURN THIS FORM TO:

**American Rose Society
Consulting Rosarian Program
P.O. Box 30,000
Shreveport, LA 71130-0030**