

**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 number (day): _____ (night): _____

E-mail address: _____

Date and times of proposed school/seminar: _____

Location of proposed school/seminar: _____

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).

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

(New 5/19/99)