



**NCNH DISTRICT  
CONSULTING ROSARIAN SEMINAR REQUEST FORM**

Today's Date: \_\_\_\_\_

Sponsoring Rose Society: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip + 4: \_\_\_\_\_

Phone # (day): \_\_\_\_\_ (night): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date and time and length of seminar: \_\_\_\_\_

Location of proposed seminar: \_\_\_\_\_

Speaker(s) and Credentials and Topic details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND THIS COMPLETED FORM TO YOUR DISTRICT CHAIRMAN OF  
CONSULTING ROSARIANS ASOON AS POSSIBLE BEFORE THE PROPOSED  
SEMINAR.

Jolene Adams  
776 Pinedale Court  
Hayward, CA 94544  
jolene\_adams@sonic.net

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**FOR OFFICE USE ONLY**

**COPY TO NATIONAL CHAIRMAN \_\_\_\_\_**

**COPY TO CRITERION \_\_\_\_\_**

**COPY TO DISTRICT WEBSITE \_\_\_\_\_**