



**NCNH DISTRICT
CONSULTING ROSARIAN SEMINAR REQUEST FORM**

Date: _____

Sponsoring Rose Society: _____

Name of Contact Person: _____

Address: _____

City, State, Zip + 4: _____

Phone # (day): _____ (night): _____

E-mail address: _____

Date and times of proposed seminar: _____

Location of proposed seminar: _____

Name the proposed programs and speakers:

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

Jolene Adams
776 Pinedale Court
Hayward, CA 94544
Jolene_adams@comcast.com

FOR OFFICE USE ONLY
COPY TO NATIONAL CHAIRMAN _____

COPY TO ARS MAGAZINE CALENDAR _____

COPY TO CRITERION _____

COPY TO DISTRICT WEBSITE _____