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# National Garden Clubs, Inc.

Form 1 (3/2021)

## FLOWER SHOW SCHOOLS/SYMPOSIUMS REGISTRATION

State Flower Show Schools Chairman - Email completed form to the NGC Accrediting Chairman for that Region.

State Flower Show Symposium Chairman - Email completed form to the NGC Symposium Chairman.

FLOWER SHOW SCHOOL, COURSE NUMBER: \_\_\_\_\_ or SYMPOSIUM: \_\_\_\_\_

NGC REGION \_\_\_\_\_

LOCATION (City and State): \_\_\_\_\_ DATES: \_\_\_\_\_

SPONSOR/S: \_\_\_\_\_

LOCAL SCHOOL/SYMPOSIUM CHM: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LOCAL SCHOOL/SYMPOSIUM REGISTRAR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Contact person's name to appear in KIT/ Website)

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STATE SCHOOLS SYMPOSIUM CHM \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Check State Title)

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

<u>LECTURE TOPICS</u> <u>SPECIFIC PLANTS</u>	<u>HOURS</u>	<u>INSTRUCTOR'S NAME, ADDRESS, EMAIL &amp; PHONE</u>
_____	_____	
_____	_____	
_____	_____	
_____	_____	

DATE REGISTERED: \_\_\_\_\_

NGC Accrediting/Symposium Chairman Signature