



National Garden Clubs, Inc.

1A-07(w)

FLOWER SHOW SCHOOLS/SYMPOSIUMS REGISTRATION

State Flower Show Schools Chairman - Send 5 completed copies to the NGC Area Accrediting Chairman. Enclose \$5.00
State Flower Show Symposium Chairman - Send 5 completed copies to the NGC Symposium Chairman. Enclose \$5.00

FLOWER SHOW SCHOOL, COURSE NUMBER: _____ or SYMPOSIUM: _____

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 TNG)

ADDRESS: _____ E-MAIL: _____

STATE SCHOOLS or SYMPOSIUM CHM: _____ PHONE: _____
(Underline State Title)

ADDRESS: _____ E-MAIL: _____

LECTURE TITLE/S

HOURS

INSTRUCTOR'S NAME, ADDRESS, & PHONE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please use back for additional names)

DATE REGISTERED: _____

NGC Accrediting Chairman Signature