



National Garden Clubs, Inc.

Form 1

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 TNG)

ADDRESS: _____ E-MAIL: _____

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

ADDRESS: _____ E-MAIL: _____

<u>LECTURE TITLE/S</u>	<u>HOURS</u>	<u>INSTRUCTOR'S NAME, ADDRESS, EMAIL & PHONE</u>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

(Please use back for additional names)

DATE REGISTERED: _____

NGC Accrediting Chairman Signature _____