



**NATIONAL GARDEN CLUBS, INC.**  
Gardening Study Schools  
(Please print or type.)

Series No. \_\_\_\_\_ Course No. \_\_\_\_\_ State \_\_\_\_\_  
or  
Refresher Event \_\_\_\_\_ Location \_\_\_\_\_

=====

IMPORTANT! List refreshing consultants alphabetically – type or print legibly.

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Refreshing Consultants' Names and Addresses

Indicate Consultant or  
Master Consultant

1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
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11.	_____	
12.	_____	

Local Chairman \_\_\_\_\_

Date \_\_\_\_\_

State GSS Chairman \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

NGC Accrediting Chairman

Refreshing Consultants' Names and Addresses		Indicate Consultant or Master Consultant
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Refreshing Consultants' Names and Addresses

Indicate Consultant  
or Master  
Consultant

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