

**National Garden Clubs, Inc.
Landscape Design Schools**

COURSE INFORMATION FORM

State LDS Chairman: Please complete 2a and 2b before submitting. Send one copy each to the NGC LDS Chairman, Instructors' Chairman, and Reading Chairman.

Course:

Course # _____ Series # _____ Date(s) _____

City/State _____ State Garden Club _____

State LDS Chairman

Name: _____ Phone (_____) _____ (Home)

Address: _____ (_____) _____ (Work)

City/State/Zip: _____ (_____) _____ (Cell)

E-mail: _____

Course Chairman (if different from above)

Name: _____ Phone (_____) _____ (Home)

Address: _____ (_____) _____ (Work)

City/State/Zip _____ (_____) _____ (Cell)

E-mail: _____

Submitted by: _____ State LDS Chairman _____ Date _____
(Signature)

Course, including Special Interest Topic approval:

Special Interest Topic _____

NGC LDS Instructors' Chairman _____ Date _____
(Signature)

Instructors

Name: _____ a. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ b. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ c. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ d. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ e. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ f. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ g. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ h. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ i. _____
Lecture Title/Subject

Address _____ City/State/Zip _____

Name: _____ j. _____
Lecture Title/Subject

Address _____ City/State/Zip _____