

National Garden Clubs, Inc.  
Landscape Design Schools

COURSE/REFRESHER FORM

Please cut this form in two and give one half to each refreshing Consultant.

Indicate any change of name or address on reverse.

Name \_\_\_\_\_ (first, middle, last)

Street Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Member Garden Club \_\_\_\_\_

State Garden Club \_\_\_\_\_

**MOST RECENT REFRESHER RECORD**

EVENT	CITY, STATE	DATES	CERTIFICATION DATE
_____	_____	_____	_____

Are you a Master Consultant? \_\_\_\_\_ Is this your fourth refresher? \_\_\_\_\_

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Indicate any change of name or address on reverse.

Name \_\_\_\_\_ (first, middle, last)

Street Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Member Garden Club \_\_\_\_\_

State Garden Club \_\_\_\_\_

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EVENT	CITY, STATE	DATES	CERTIFICATION DATE
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