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National Garden Clubs, Inc.

Form 1 (7/2024)

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 on NGC website)

ADDRESS: _____ E-MAIL: _____

STATE SCHOOLS SYMPOSIUM CHM _____ PHONE: _____
(Check State Title)

ADDRESS: _____ E-MAIL: _____

LECTURE TOPICS
SPECIFIC PLANTS

HOURS

INSTRUCTOR'S NAME, ADDRESS, EMAIL & PHONE

DATE REGISTERED: _____

NGC Accrediting/Symposium Chairman Signature