



**NCNH DISTRICT of ARS
CONSULTING ROSARIAN SEMINAR REQUEST FORM**

District: _____ NCNH _____ Today's Date: _____

Name of sponsoring Rose Society: _____

Name of Contact Person: _____

Phone _____ E-mail address: _____

Date and time of seminar: _____

Location of seminar: _____

Program name and topic description:

Program speaker's name(s) and background information:

COMPLETE THIS FORM AND SEND TO THE DISTRICT CR CHAIRMAN AT LEAST 3 WEEKS BEFORE THE PROPOSED SEMINAR.

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Reno, NV 89508-8039
RoseChair99@gmail.com

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NATIONAL CHAIRMAN _____

ARS MAGAZINE CALENDAR _____

DISTRICT CR CHAIRMAN _____