



**NCNH DISTRICT  
CONSULTING ROSARIAN SEMINAR REQUEST FORM**

Today's Date: \_\_\_\_\_

Sponsoring Rose Society: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip + 4: \_\_\_\_\_

Phone # (day):\_\_\_\_\_ (night):\_\_\_\_\_ E-mail address: \_\_\_\_\_

Date and time and length of seminar: \_\_\_\_\_

Location of proposed seminar: \_\_\_\_\_

Speaker(s) and Credentials: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SEND THIS COMPLETED FORM TO YOUR DISTRICT CHAIRMAN OF  
CONSULTING ROSARIANS AT LEAST 90 DAYS BEFORE THE PROPOSED  
SEMINAR.**

Jolene Adams  
776 Pinedale Court  
Hayward, CA 94544  
jolene\_adams@comcast.com

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**FOR OFFICE USE ONLY  
COPY TO NATIONAL CHAIRMAN\_\_\_\_\_**

**COPY TO ARS MAGAZINE CALENDAR \_\_\_\_\_**

**COPY TO CRITERION \_\_\_\_\_**

**COPY TO DISTRICT WEBSITE \_\_\_\_\_**