



**NCNH DISTRICT CONSULTING ROSARIAN
ELECTRONIC SEMINAR REQUEST FORM**

| | |
|-------------------------------|-----------------|
| Today's Date: | |
| Sponsoring Rose Society: | |
| Name of Contact Person: | |
| Address: | |
| City, State, Zip + 4: | |
| Phone # : | E-mail address: |
| Date of seminar: | |
| Time and length: | |
| Location of proposed seminar: | |
| Topic: | |
| Speaker(s) / Credentials: | |
| | |
| | |

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