



## 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:	

E-mail to:

Jolene Adams  
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