



# National Garden Clubs, Inc.

Form 1

## 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 in TNG)

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STATE SCHOOLS or SYMPOSIUM CHM: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Underline State Title)

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

<u>LECTURE TITLE/S</u>	<u>HOURS</u>	<u>INSTRUCTOR'S NAME, ADDRESS, EMAIL &amp; PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please use back for additional names)

DATE REGISTERED: \_\_\_\_\_

NGC Accrediting Chairman Signature \_\_\_\_\_