



National Garden Clubs, Inc.

FORM 10

FLOWER SHOW SYMPOSIUM SUMMARY

Email completed form to the NGC Symposium Chairman.

CITY, STATE: _____ DATES SYMPOSIUM HELD: _____

TOTAL ATTENDING SYMPOSIUM: _____ (Including all part-time registrations)

TOTAL JUDGES TESTING: _____ TOTAL JUDGES AUDITING: _____

TOTAL FEES: (testing & auditing: enclosed check amount: \$5.00 per participant, payable to NGC, Inc.) \$ _____

TOTAL FAILING PAPERS: _____ FAILURE DISTRIBUTION: HORTICULTURE: _____ DESIGN: _____

LECTURE TITLE

HOURS

INSTRUCTOR'S NAME

<u>LECTURE TITLE</u>	<u>HOURS</u>	<u>INSTRUCTOR'S NAME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State Symposium Chairman Signature

DATE RECEIVED: _____

DATE ACCREDITED: _____

NGC Symposium Chairman Signature