

**AMERICAN ROSE SOCIETY
CONSULTING ROSARIAN SEMINAR REQUEST FORM**

District: _____ Date: _____

Name of sponsoring Rose Society: _____

Name of Contact Person: _____

Address: _____

City, State, Zip + 4: _____

Phone _____ E-mail address: _____

Date and time of seminar: _____

Location of seminar: _____

Program name and topic description:

Program speaker's name(s) and background information:

COMPLETE THIS FORM AND SEND TO THE DISTRICT CR CHAIRMAN 3 WEEKS BEFORE THE PROPOSED SEMINAR.

FOR ARS OFFICE USE ONLY - COPIES TO

NATIONAL CHAIRMAN _____

ARS MAGAZINE CALENDAR _____

DISTRICT CR CHAIRMAN _____