

American Rose Society

Consulting Rosarian Request Form

This Form is for One-Credit Seminar Requests Requiring District CR Approval.

**Please Note: This Form May be Replaced by the District CR Chair with
Their Own Form or Other Form of Choice.**

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: _____

Topic, Speaker's Name and Qualifications:

Topic: _____

** All topics must last at least 45 minutes with 15 minutes for questions.

Complete this form and send to the District CR Chairman 30 DAYS before the proposed seminar.