

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

District: _____ Date: _____

Name of sponsoring Rose Society: _____

Name of Contact Person: _____

Address: _____

City, State, Zip + 4: _____

Phone # (day): _____ (night): _____ E-mail address: _____

Date and times of proposed school: _____

Location of proposed school: _____

Name the proposed programs and speakers (for a school, a talk on chemical safety is required).

**For fastest approval, please include bios for each speaker.
If you want your school/seminar/workshop included in The American Rose magazine,
the ARS needs 90 days advance notice to get in the publication.**

FOR ARS OFFICE USE ONLY

COPY TO NATIONAL CHAIRMAN _____

COPY TO ARS MAGAZINE CALENDAR _____

COPY TO DISTRICT CHAIRMAN OF CR'S _____

COMPLETE ABOVE INFORMATION AND RETURN THIS FORM TO:
pswdCR@cox.net first

**American Rose Society
Consulting Rosarian Program
P.O. Box 30,000
Shreveport, LA 71130-0030**