

# American Rose Society Consulting Rosarian Seminar Request Form

This Form is for a Seminar Requests Requiring National CR Chair Approval.

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:

Chemical Safety: \_\_\_\_\_

\_\_\_\_\_

Topic #1: \_\_\_\_\_

\_\_\_\_\_

Topic #2: \_\_\_\_\_

\_\_\_\_\_

Topic #3: \_\_\_\_\_

\_\_\_\_\_

\*\* All core topics must last at least 45 minutes with 15 minutes for questions, except for CR Ethics, which can be 30 minutes.

***Complete this form and send to the District CR Chairman 45 DAYS before the proposed seminar.***

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## For ARS Office Use Only – Copies to:

National Chairman \_\_\_\_\_

ARS Magazine Calendar \_\_\_\_\_

District CR Chairman \_\_\_\_\_