

Austin Application

First Name		Last Name	
Address			City, ST Zip
Cell:	Daytime Phone:		Fax:
Email:			

I have completed the following post-secondary education (check all that apply):

□Have not attended college	□Associate Degree			
□Some College (Years)	□Bachelor's Degree			
Certification Program	□Master's Degree			
Private career school Certificate	□Other			
If Other, please describe:				
Have you ever worked in the floral industry?	□No			
If Yes, please describe:				
I am interested in taking Basic Floral Design classes for the following reason (Choose one):				
Career Preparation				
Personal development/self-improvement				

I certify that all statements on the application are true.

Signature: D	Date:
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Name:

January 13-16, 2014

Monday	Tuesday	Wednesday	Thursday
9:00 am – Noon	8:30 am- Noon	9:00 am- Noon	8:30 am- Noon
Basic Design	Sympathy Design	Basic Design	Floral Management
			Care & Handling of Cut Flowers and Foliage
1:00 pm- 4:30 pm			
Wedding Design	Sympathy Design	Wedding Design	Floral Management
			Care & Handling of Cut Flowers and Foliage

January 20-23, 2014

Monday	Tuesday	Wednesday	Thursday
9:00 am – Noon	8:30 am- Noon	9:00 am- Noon	8:30 am- Noon
Basic Design	Sympathy Design	Basic Design	Floral Management
			Care & Handling of Cut Flowers and Foliage
1:00 pm- 4:30 pm			
Wedding Design	Sympathy Design	Wedding Design	Floral Management
			Care & Handling of Cut Flowers and Foliage

To register, please check next to the class(es) you would like to take:

Class Name and Description	TSFA Members	Other
□ Basic Design*	\$275	\$315
Class dates: January 13, 15, 20, 22 (9:00am)		
□Wedding Design*	\$300	\$345
Class dates: January 13, 15, 20, 22 (1:00pm)		
□Sympathy Design*	\$300	\$345
Class dates: January 14, 21 (all day)		
□ Floral Management, Care & Handling of Cut Flowers and Foliage*	\$275	\$315
Class dates: January 16, 23 (all day)		
*Class includes tools that students can use in classroom		

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\$75 deposit is due for *each* class registration. The deposit will be refunded if cancellation notice is received five (5) business days before the start of classes.

I wish to pay by _____Check ____Credit Card

Please make checks payable to Texas State Florists' Association.

Credit Card Billing:	MasterCard	Visa	Discover	_AmEx
Card #:		Exp: _	Code:	
Name on Card:		Billir	ng Zip:	

For more information, contact TSFA office at (512) 834-0361 or by email at txsfa@sbcglobal.net

Please return the application and registration forms to: Texas State Florists' Association, PO Box 170760, Austin, TX 78717