

Houston Application

First Name	L	ast Name				
Address			City, ST Zip			
Cell:	Daytime Phone:		Fax:			
Email:						
I have completed the following w		usation (shock al	Labora comboli			
I have completed the following po	ost-secondary ed	ucation (check ai	i that apply):			
☐ Have not attended college		□Associate	☐Associate Degree			
□Some College (Years)		□Bachelor's	☐Bachelor's Degree			
☐Certification Program		□Master's I	□Master's Degree			
☐Private career school Certificate		□Other	□Other			
If Other, please describe:						
Have you ever worked in the floral industry? □Yes □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-imp	rovement					
I certify that all statements on the	application are to	rue.				
Signatura		Dat	Date:			



Registration

Name:						
June 16-19, 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 Managem	Floral Management		
J			Care & Handling of Cut Flowers and Foliage			
1:00 pm- 4:30 pm	1:00 pm- 4:30 pm	1:00 pm- 4:30 pm	1:00 pm- 4:30 pr	1:00 pm- 4:30 pm		
Wedding Design	Sympathy Design	Wedding Design	Floral Management			
			Care & Handling	of Cut Flowers and Foliage		
June 23-26, 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 Managem			
4.00 4.20	4.00 4.20	4.00 4.20		of Cut Flowers and Foliage		
1:00 pm- 4:30 pm <i>Wedding Design</i>	1:00 pm- 4:30 pm Sympathy Design	1:00 pm- 4:30 pm Wedding Design	1:00 pm- 4:30 pr			
wedaing Design	Sympumy Design	vvedding Design		of Cut Flowers and Foliage		
☐ Wedding Design Class dates: June 1 ☐ Sympathy Design Class dates: June 1 ☐ Floral Managem Class dates: June 1	6, 18, 23, 25 (9:00am) * 6, 18, 23, 25 (1:00pm) n* 7, 24 (all day) ent, Care & Handling o		\$275 \$300 \$300 age* \$275	\$315 \$345 \$345 \$315		
	ls that students can us					
•	for <i>each</i> class registrat	•				
	ation notice is received	I five (5) business days				
before the start of	classes.					
I wish to pay by _	CheckCre	edit Card				
Please make chec	cks payable to Texas	State Florists' Associa	ation.			
Credit Card Billing	g:MasterCard	lVisa	DiscoverAı	mEx		
Card #:		Exp:	Code:			
	ame on Card: Billing 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