

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: | | | | | |
|---------------------|--|---------------------------|-------------------|---------------------------|--|
| September 15-18, 2 | 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 Managemer | nt | |
| | | | Care & Handling o | f 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 pm | | |
| Wedding Design | Sympathy Design | Wedding Design | Floral Management | | |
| | | | Care & Handling o | f Cut Flowers and Foliage | |
| September 22-25, 2 | 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 Managemer | nt | |
| | | | Care & Handling o | f 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 pm | | |
| Wedding Design | Sympathy Design | Wedding Design | Floral Managemer | | |
| | | | Care & Handling o | f Cut Flowers and Foliage | |
| To register, please | check next to the cla | ss(es) you would like to | take: | | |
| Class Name and D | escription | | TSFA Memb | | |
| ☐ Basic Design* | | | \$275 | \$315 | |
| | mber 15, 17, 22, 24 (9 | :00am) | | | |
| □Wedding Design | | \ | \$300 | \$345 | |
| | mber 15, 17, 22, 24 (1 | :00pm) | 4200 | 40.45 | |
| ☐Sympathy Desig | | | \$300 | \$345 | |
| | mber 16, 23 (all day) | of Cut Flavour and Fal | :* ¢275 | Ć24F | |
| | nent, Care & Handling mber 18, 25 (all day) | of Cut Flowers and Fol | iage* \$275 | \$315 | |
| • | mber 18, 25 (all day) ols that students can u | usa in slassraam | | | |
| Cluss iliciudes to | ois that students can a | ise iii ciussiooiii | | | |
| Ć7F donosit is due | for each class register | ation. The denocit will b | | | |
| · | • | ation. The deposit will b | | | |
| | | ed five (5) business day | S | | |
| before the start of | f classes. | | | | |
| | | | | | |
| I wish to pay by | CheckC | redit Card | | | |
| Please make che | cks payable to Texas | s State Florists' Assoc | iation. | | |
| | | | | | |
| Credit Card Billin | g:MasterCa | rdVisa | _DiscoverAm | Ex | |
| Card #: | | Exp: | Code: | | |
| Name on Card: | | Billing | | | |

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