



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):

- | | |
|--|--|
| <input type="checkbox"/> Have not attended college | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Some College (____ Years) | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Certification Program | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Private career school Certificate | <input type="checkbox"/> 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-improvement

I certify that all statements on the application are true.

Signature: _____ Date: _____



Registration

Name: _____

February 17-20, 2014

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

February 24-27, 2014

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

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

Class Name and Description	TSFA Members	Other
<input type="checkbox"/> Basic Design* Class dates: September 17, 19, 24, 26 (9:00am)	\$360	\$425
<input type="checkbox"/> Wedding Design* Class dates: September 17, 19, 24, 26 (1:00pm)	\$385	\$450
<input type="checkbox"/> Sympathy Design* Class dates: September 18, 25 (all day)	\$385	\$450
<input type="checkbox"/> Floral Management, Care & Handling of Cut Flowers and Foliage* Class dates: September 20, 27 (all day)	\$360	\$425

*Class includes tools that students can use in classroom

\$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

Need a place to stay during the week?

Hampton Inn and Suites

10811 Pecan Park

Austin, TX 78750

512-249-0045

Please make checks payable to Texas State Florists' Association.

Credit Card Billing: _____ MasterCard _____ Visa _____ Discover _____ AmEx
 Card #: _____ Exp: _____ Code: _____
 Name 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