A close up of a sign

Description generated with very high confidence**June 7-10, 2019**

Texas State Florists’ Association

715 Discovery Blvd., Suite 403

Cedar Park, TX 78313

Individual Class Registration

*Registration Deadline: May 29, 2019*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shop or School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TSFA Member: \_\_\_\_\_Yes \_\_\_\_\_ No

**Friday, June 7, 2019 Member Non-Member**

12:00pm – 5:00pm Current Design Styles & Techniques $245 $285

5:00pm – 6:15pm Dinner Break

6:30pm – 8:30pm Wedding Design Techniques $245 $285

**Saturday, June 9, 2019 Member Non-Member**

8:00am – 1:30pm Wedding Design Techniques (Continued)

11:30am – 12:45pm Lunch Breach

1:00pm – 5:00pm Daily Business Procedures $245 $285

5:00pm – 6:15pm Dinner Break

6:30pm – 8:30pm Sympathy Design Styles $245 $285

**Sunday, June 9, 2019 Member Non-Member**

8:00am – 1:00pm Sympathy Design Styles (Continued)

11:00am – 12:00pm Study Time

12:00pm – 1:00pm Lunch Break

1:00pm – 2:30pm Texas Master Florist Exam $125 $175

**Total \_\_\_\_\_\_\_\_\_\_**

**Please attach a check payable to TSFA and mail it along with this registration form to:**

Texas State Florists’ Association

PO Box 170760 Fax: 512.834.2150

Austin, TX 78717 Email: txsfa@sbcglobal.net

**OR**

Credit Card Billing \_\_\_\_\_\_ Mastercard \_\_\_\_\_\_\_ Visa \_\_\_\_\_\_ Discover \_\_\_\_\_\_\_ American Express

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_

Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_

**\*\*If you are a scholarship recipient please indicate\*\***  \_\_\_\_\_ Scholarship Recipient