

Application for Admission & Registration



2007-2008

Student Name _____
 Company _____
 Emergency Contact Name/Phone _____
 Address _____
 Town/State/Zip _____
 Phone _____ Fax _____ E-mail _____

- Please describe your level of experience in floristry: _____
- Have You Received A Certificate from the Basic Design Program? _____ from the Intermediate Program? _____
- Please check one: I am currently employed in the floral trade I am not currently employed in the floral trade

Please list below the programs you are applying for:

COURSE NAME	CODE	COURSE DATE	FEE
			TOTAL \$ _____

Credit Card # _____
 exp ____/____
 Name on Card: _____
 Signature _____



All fees paid to the Connecticut Florists Association may be tax deductible as business expenses, not as charitable expenses. See policy for refunds and cancellations.

Return this form with payment to:



590 Main Street - Bart Center, Monroe CT 06468
 203-268-9000, 800-352-6946
 Fax 203-261-5429