

Carolina District Judging School Registration Form

Hosted by the Charleston Lowcountry Rose Society

Edisto Gardens, Orangeburg, SC 29115

Arrangements:

School: Friday, May 23, 2008

8:30 am - 5:00 pm

Exam: Sunday, May 25, 2008

8:30 am - 12:00 noon

Horticulture:

School: Saturday, May 24, 2008

8:30 am - 5:00 pm

Exam: Sunday, May 25, 2008

8:30 am - 12:00 noon

Note: the school is open to all rosarians including existing judges, prospective candidates wishing to become apprentice judges and those interested in auditing the seminar for informational purposes. A complete packet will be mailed to registrants.

Name(s), Address, Telephone, E-mail: _____

<u>Fees:</u> (Includes Continental Breakfast & Boxed Lunch)	<u>Price</u>	<u>Number</u>	<u>Amount</u>
Arrangement School Registration	\$20	_____	_____
Horticulture School Registration	\$20	_____	_____
Late Registration for each school after May 1 st	\$25	_____	_____
Total Enclosed			\$_____

Lunch Preference: Turkey; Turkey/Ham/Roast Beef; Tuna Fish Salad; Chicken Salad
Bread: White; Wheat Note: there will be box lunches available for guests - please inquire

Make check payable to CD Judging School and mail to: Pat Hibbard, 2235 Ashley Crossing Dr. #10E, Charleston, SC 29414, Tele. 843/327-1380; students: do not include application or exam fee with registration.

Students that take the Arrangement exam and/or the Horticulture exam must attach a check for each to their application in the amount of \$50.00 made payable to the American Rose Society. Students should contact the appropriate Chairman below for more information and to obtain an application.

Paul Blankenship, Chairman-Horticulture Judges
803/279-5502 prblanken@mac.com

Bill Patterson, Chairman-Arrangement Judges
864/494-9176 LaurensRoseMan@aol.com

_____ Detach here for use in making hotel reservations _____

HOTEL RESERVATION FORM

Note: registrants must contact the Hotel directly

THE QUALITY INN & SUITES, 1415 John C. Calhoun Drive, Orangeburg, SC 29115, 803/531-4600

Please mention the **Carolinas District Society** when making reservations. **Cutoff date is May 1st**. Room Rate is \$55 per night, plus tax, single or double; Suites are \$75 (Restaurant attached to Inn for breakfast, dinner)

Name (s): _____

Address: _____

City, State, Zip: _____ Telephone: _____

Credit Card: _____ Number: _____ Exp. Date: _____

Name on Card: _____ Arrival Date: _____ Departure Date: _____

Room Preference: Non-smoking Two double beds King Size Bed Suite