

Application for Admission & Registration



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

COURSE NAME	COURSE DATE	FEE
Basic Floral Design/Public Rate	April 14-June 4, 2009	\$1099
Basic Floral Design/Trade CFA Member	April 14-June 4, 2009	\$899
Intermediate Floral Design/Public Rate	February 24-March 31, 2009	\$999
Intermediate Floral Trade CFA Member	February 24-March 31, 2009	\$899

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