# American Rose Society Critique Report of Consulting Rosarians at a Consulting Rosarian School/Seminar

District _____

Date School/Seminar Held _____

Location of School/Seminar_____

Faculty _____

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District CR Chair _____

Please complete and turn in to District CR Chair

Comments on nature and effectiveness of the program

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PLEASE FORWARD THIS REPORT TO: CONSULTING ROSARIAN PROGRAM
AMERICAN ROSE SOCIETY
P.O. BOX 30,000
SHREVEPORT, LA 71130-0030