



American Institute of Floral Designers™  
AIFD® Laureate Application

Full Name:

Primary Mailing Address:

In order to be considered for Laureate status you must have attended at least ten (10) AIFD® Symposia. Please list 10 years of Symposia that you have attended:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

I hereby attest that the information I have given regarding the attendance to the above mentioned AIFD® National Symposia is truthful and accurate. I understand that if it is found that I have not attended the above mentioned National Symposia I will not qualify for the AIFD® Laureate Status.

X \_\_\_\_\_

AIFD® Member Signature

Please complete and return to:  
AIFD®  
Attention: Laureate Application  
2331 Rock Spring Rd.  
Forest Hill, MD 21050  
Fax: 443-640-1031  
info@aifd.org