



# CHICAGO BOTANIC GARDEN

## HORTICULTURAL THERAPY WORKSHOP FOR MASTER GARDENERS

Cost: \$75 per person with a minimum registration of three people. (This fee includes all materials and parking.)

Program availability: weekdays, mid-May through mid-October by reservation

Program duration: 10 a.m. to 3 p.m.

Lunch options: #1 Bring sack lunches and enjoy them in our Picnic Grove. (Approximate walking time is 15 minutes.)

#2 Purchase individual meals and enjoy them in our Garden Café.

Cancellation policy: Workshop can be rescheduled, not refunded.

DATE PREFERENCES: \_\_\_\_\_

# COORDINATORS \_\_\_\_\_ / # MASTER GARDENERS \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

MAILING ADDRESS

\_\_\_\_\_  
Street City State Zip Code

CONTACT NAME \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

CONTACT FAX \_\_\_\_\_ CONTACT E-MAIL \* \_\_\_\_\_

CONTACT CELL PHONE \_\_\_\_\_ # OF VEHICLES: \_\_\_\_\_

Please list any special needs (e.g., wheelchair) your group member(s) may have:

Payment Information: (Full payment must be included at time of registration.)

Check enclosed, made payable to the Chicago Botanic Garden in the amount of \$ \_\_\_\_\_

Please call the registrar at (847) 242-6330 to by by credit card.

Upon receipt of completed registration form and payment we will confirm your visit via e-mail or mail.

Please complete one form per group and mail with check payment to:

Chicago Botanic Garden Wellness Registrar, 1000 Lake Cook Road, Glencoe, IL, 60022

\* All communications, including confirmation, will be sent via e-mail.

Please provide a valid e-mail address and add [registrar@chicagobotanic.org](mailto:registrar@chicagobotanic.org) to your safe senders list in order to guarantee receipt.