**30 Year Anniversary**

**Carolinas Horticultural Therapy Network**

**“Celebration Tea & Tour”**

**Friday, March 2, 2018**

**2:00 PM** Building Access for setting up room

3:00-4:00 PM Tea - **JC Raulston Arboretum** 4415 Beryl Rd. Raleigh, NC 27606

 919.515.3132 <https://www.ncsu.edu/jcraulstonarboretum/>

4:15-5:00 PM Tour of the Arboretum

5:30-8:30 PM Suggestions for Dinner on your own

* Neomonde 3817 Beryl Rd. Raleigh, NC 27607 919.828.1628 <https://www.neomonde.com/cafe-menu/>
* Iris After Dark” reservations: 919.664.6838
* NC Museum of Art’s restaurant 2110 Blue Ridge Rd. Raleigh, NC 27607 [www.ncartmuseum.org](http://www.ncartmuseum.org) Why not take in the Art Museum’s permanent or a current exhibit?

**Hotel accommodations:**

**Ramada Inn** 1520 Blue Ridge Rd. Raleigh, NC27607 919.832.4100 (Group rate from March 1- March 4) Two Queen or 1 King $86 plus $11.40 taxes=$97.40 or

Suite $109.00 + $14.45 Taxes= $123.45 per night. [www.ramadaraleigh.com](http://www.ramadaraleigh.com)

**\*Room rate good through February 5th, 2018 ONLY.**

**Note: Saturday Breakfast is included with the cost of your room.** Accessible rooms are available. Pets +$25 & taxes. All rooms come with TV, microwave, refrigerator, coffee maker, hairdryer, & wireless internet.

**Saturday, March 3, 2018**

**“Integrating Creative Expressive Arts into your HT Programs”**

 **Breakfast on your own.**

 8:00 AM Building access for planning team room set up

 **8:30-9:00 AM Registration NC Museum of Art** 2110 Blue Ridge Rd. Raleigh, NC 27607 919.839.6262 [www.ncartmuseum.org](http://www.ncartmuseum.org) (East Bldg-Downstairs)

 **Coffee, Tea, & snacks will be served.**

 9:00 - 9:15 AM Welcome, Introductions by flower, “just for today” goal setting

 9:15-10:15 AM Integrative Therapies/ Prison HT Program Pam Chance, BS, HTR

10:15-10:30 AM Break

10:30-11:30 AM BiblioTherapy-Alice Osborn-<http://aliceosborn.com> Author/Poet/Musician/Dancer

11:30-12:00 PM Remembering our Past, Envisioning our Future-CHTN Members

12:00-12:30 PM Catered Box Lunches will be served

12:30 - 1:30 PM Tour of the Art Museum grounds & new Sensory Garden

 1:30 - 2:15 PM Grant writing-Amy Stidham, Master Gardener-Cape Fear Botanical Garden

 2:15 - 2:30 PM Break

 2:30 - 3:30 PM Fund raising & craft idea sharing for HT Week

 Nicole Accordino, HTR [Transplanting](https://transplantingtraditions.com) Traditions & Pam Chance BS, HTR

 3:30-4:00 PM Future Workshop planning & Clean Up

**Registration Form**

 **30 Year Anniversary of the Carolinas Horticultural Therapy Network**

**“Celebration Tea”**

**Friday, March 2, 2018**

\_\_\_\_ I will be attending the 30 Yr. Celebration Tea

\_\_\_\_I am willing to help with:

 Setting up Room at 2 PM \_\_\_\_\_

 Member /Guest Check-In \_\_\_\_\_

 Serving Punch \_\_\_\_\_

 Serving Cake \_\_\_\_\_

 Cleaning up \_\_\_\_\_

\_\_\_\_I will NOT be able to attend Friday but I will attend Saturday

***“Integrating Creative Expressive Arts into your HT Programs”***

**Saturday, March 3, 2018**

\_\_\_\_ I am willing to arrive at 8 AM and help set up the room.

\_\_\_\_ I am willing to bring a snack to share which is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I am willing to bring assorted tea bags to share

\_\_\_\_ I am willing to help clean up the room.

**Lunch**

\_\_\_\_ Catered Box lunch: Roasted Turkey, Provolone with Apple Smoked Bacon and Pesto Mayonnaise, fruit/fruit salad, chips or pasta/potato salad, cookie, bottled water

\_\_\_\_ I prefer a Catered Box lunch-Vegetarian option

\_\_\_\_ I will eat off site and return or provide my own lunch (there are several options on

 Lake Boone Trail, Edward’s Mill, Crabtree Valley Mall)

\* Subtract $12 from your registration fee if providing your own lunch.

**Registration Cost**

AHTA/CHTN Members & Master

Gardeners $55 + \*$12 lunch= $67.00

Students/Volunteers

$45 + \*$12 lunch= $57.00

**Mail this page & check to:**

**Pam Chance** 919.847.6090

1209 Nikole CT. Raleigh, NC 27612

PamChance@aol.com

**Registration cut off is Feb. 9th or when all spaces are filled per NCMA room size**

Registrant’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HT Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid, Volunteer, or Student (please circle)