

2018 EXHIBITOR Application

Review and Sign Rules on Back



New Jersey GREEN EXPO
Turf and Landscape Conference
December 4-6, 2018

Trade Show Days: December 4 & 5, 2018 • THE BORGATA • Atlantic City, NJ

We wish to apply for exhibit space under the Terms and Conditions of this contract, as printed in the Rules & Regulations on back. **Sign & Return both sides. (PRINT)**
REFER TO BOOTH LAYOUT TO SELECT BOOTHS

BOOTH Choices: (Booths are 8' Wide x 10' Deep)
1st Choice: _____
2nd Choice: _____
3rd Choice: _____

BOOTH SIGN: Print Company Name, City, State

1. BOOTH FEES: PUT CHECK ✓ BY CHOICE
2017 Returning Companies ONLY:

Increase your number of booths reserved from 2017 for only \$500 per booth - PLUS - it includes 2 staff per each booth

(A) Booths Reserved BEFORE Oct 1, 2018

Inside Booth(s) ___ One (1) @ \$825.00 ea ___ Two (2) @ \$1600 (\$800 ea)
Corner Booth(s) ___ One (1) @ \$875.00 ea ___ Two (2) @ \$1700 (\$850 ea)

(B) Booths Reserved AFTER October 1, 2018

Inside Booth(s) ___ One (1) @ \$925.00 ea ___ Two (2) @ \$1800 (\$900 ea)
Corner Booth(s) ___ One (1) @ \$975.00 ea ___ Two (2) @ \$1900 (\$950 ea)
One (1) Inside and One (1) Corner Booth ___ Two (2) @ \$1850 (\$925 ea)

If you want to reserve more than 2 Booths - Use amounts above.

SUBTOTAL: BOOTHS \$ _____

Bring Subtotal down to "Total Fees Due" box below.

2. STAFF BADGES (2 Staff included with Each booth)

Maximum 4 staff permitted per booth. Print names below.

1. _____
2. _____
Per Booth, 3rd & 4th STAFF PRE-Registered @ \$130 each
3. _____
4. _____

Staff registered onsite at Green Expo will pay more.
If you have 2 or more booths, send separate list with names & payment. **Need ALL Staff names by 11/12/18.**

SUBTOTAL: STAFF \$ _____

Bring Subtotal down to "Total Fees Due" box below.

COMPANY _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____
E-mail _____
Booth Contact Name: (PLEASE PRINT) _____
Title _____
Products / Equipment / Services Offered: _____

In order to validate this contract:
• We enclose our full payment** of booth rental (s) & addl staff registrations, and Proof of Insurance Coverage (\$1 Million commercial general liability)
****Booth fee includes \$350 Non-Refundable Deposit per booth.**
Booth Payments are due by October 1, 2018
We agree to abide by the Exhibitor Rules and Regulations as printed on the back of this agreement, all of which are a part of this contract and are binding with the Exhibitor and Green Expo 2018 Management.
Authorized Signature _____
Date _____
X Complete Credit Card Information Below and Fax/Mail or Make check payable to NJTA and mail with application to:
New Jersey Turfgrass Association • Green Expo
25 US Highway 46 W, Wayne, NJ 07470-6801 • Phone: (973) 812-6467
Fax: (973) 812-6529 • F.E.I.N.: 23-7453656 • www.njturfgrass.org

— 2019 NJTA MEMBERSHIPS —

3. NJTA MEMBERSHIPS: ___ Renewal ___ New
Membership Year: January 1, 2019 - December 31, 2019

BUSINESS PARTNER (Mfg/Suppliers/Sod Producers) (1 to 4) \$ 275.00
 Individual Member (One Person) \$ 80.00

1. _____
2. _____
3. _____
4. _____

SUBTOTAL: MEMBERS Total \$ _____
Bring Subtotal down to "Total Fees Due" box below.

HOTEL RATES: Borgata Classic room rates are \$99 nite + tax.
The Water Club rates are \$119 nite + tax and are available for reservation until November 12, 2018. After this date, regular room rates may apply.
Make reservations with THE BORGATA at (609) 317-1000. Reservation Code: GBNJ18 for Borgata Classic or GTWNT18 for The Water Club.

— TOTAL FEES DUE —
Write totals from BOOTH • STAFF • MEMBERS boxes.

1. BOOTHS	\$ _____	PAYMENT: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
2. STAFF	\$ _____	SELECT ONE: <input type="checkbox"/> Pay Full Booth Cost • <input type="checkbox"/> Pay \$350 Per Booth & Invoice Balance
3. MEMBERSHIPS	\$ _____	Card No. _____ // _____ // _____ // _____ // _____
GRAND TOTAL DUE	\$ _____	Exp. Date _____ // _____ • 3 Or 4 Digit Security Code _____
		PRINT Cardholder's Name _____
		Signature _____
		Billing Address (if different than above) _____