

ON SITE REGISTRATION FORM • GREEN EXPO 2018 • USE FOR 1 OR 2 ATTENDEES

USE FOR 1 OR 2 ATTENDEES FROM SAME COMPANY. USE NEW FORM FOR MORE. PRINT CLEARLY.

PRINT NAMES BELOW • CIRCLE DAYS ATTENDING • ADD EMAIL • ADD PESTICIDE LICENSE & BIRTH DATE

TUES • WEDS • THURS // # NAME 1: _____ Email _____

1 PESTICIDE LICENSE #: _____ #1 DATE OF BIRTH (DD/MM/YYYY): _____

TUES • WEDS • THURS // # NAME 2: _____ Email _____

2 PESTICIDE LICENSE #: _____ #2 DATE OF BIRTH (DD/MM/YYYY): _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

ATTENDEE REGISTRATION: <i>Your Membership will be verified.</i> Member of: <input type="checkbox"/> NJTA <input type="checkbox"/> GCSANJ <input type="checkbox"/> SFMANJ <input type="checkbox"/> NJLCA <input type="checkbox"/> IANJ <input type="checkbox"/> NJNLA <i>Become NJTA Member TODAY & Pay Member FEE</i>	MEMBERS PAY NJTA • GCSANJ • SFMANJ • NJLCA • IANJ • NJNLA	**NON-MEMBERS PAY <i>(Fee includes \$80 Membership)</i>	Registration TOTALS
3-DAYS: Education • Trade Show • Food (Tues • Weds • Thurs) ** NON-Member Fee Includes ONE (1) NJTA \$80 Membership for 2019	<input type="checkbox"/> 1 = \$245 <input type="checkbox"/> 2 = \$490	<input type="checkbox"/> 1 = \$345 (\$265 + \$80) <input type="checkbox"/> 2 = \$690 (\$530 + \$160)	= \$ _____
2-DAYS: Education, Trade Show, Food (No Trade Show on Thurs) _____ Tuesday _____ Wednesday _____ Thursday ** NON-Member Fee Includes ONE (1) NJTA \$80 Membership for 2019	<input type="checkbox"/> 1 = \$195 <input type="checkbox"/> 2 = \$390	<input type="checkbox"/> 1 = \$295 (\$215 + \$80) <input type="checkbox"/> 2 = \$590 (\$430 + \$160)	= \$ _____
1-DAY: Education, Trade Show, Food (No Trade Show on Thurs) _____ Tuesday _____ Wednesday _____ Thursday	<input type="checkbox"/> 1 = \$145 <input type="checkbox"/> 2 = \$290	<input type="checkbox"/> 1 = \$195 <input type="checkbox"/> 2 = \$390	= \$ _____
TRADE SHOW Only BOTH Days (Tuesday AND Wednesday) <div style="border: 1px solid black; padding: 2px; display: inline-block;">Includes Food & Education in Trade Show ONLY</div>	<input type="checkbox"/> 1 = \$125 <input type="checkbox"/> 2 = \$250	<input type="checkbox"/> 1 = \$155 <input type="checkbox"/> 2 = \$310	= \$ _____
TRADE SHOW Only ONE Day (Tuesday OR Wednesday)	<input type="checkbox"/> 1 = \$105 <input type="checkbox"/> 2 = \$210	<input type="checkbox"/> 1 = \$130 <input type="checkbox"/> 2 = \$260	= \$ _____
SPOUSE - NO EDUCATION Name: _____	<input type="checkbox"/> \$105	<input type="checkbox"/> \$155	= \$ _____
OPTIONAL: Thursday 1:00 – 4:00 PM : ProFACT Fertilizer: Training (N/C) & EXAM @ \$75 Select One: <input type="checkbox"/> English <input type="checkbox"/> Spanish		\$75 (Exam) x 1 or 2	= \$ _____
EXHIBITORS: ADDITIONAL BOOTH STAFF REGISTRATION: MAXIMUM 4 per booth - Tuesday AND/OR Wednesday		<input type="checkbox"/> \$150 EACH	= \$ _____

<p>2019 MEMBERSHIP New Jersey Turfgrass Association: <input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW</p> <p>** 2 or 3-Day NON-Member Fee Includes ONE (1) \$80 Membership MEMBERSHIP YEAR: January 1 - December 31, 2019</p> <p><input type="checkbox"/> SINGLE (1) Membership \$ 80 <input type="checkbox"/> BUSINESS Partners (1 to 4 Members) \$ 275</p> <p><input type="checkbox"/> TURFGRASS Partners (1 to 3 Members) \$ 210</p> <p>TURFGRASS PARTNERS: <input type="checkbox"/> Golf Course <input type="checkbox"/> Lawn Care Applicator <input type="checkbox"/> Landscape/Lawn Maintenance <input type="checkbox"/> Cemetery</p> <p><input type="checkbox"/> Irrigation <input type="checkbox"/> Parks & Recreation <input type="checkbox"/> Schools & Athletic Fields <input type="checkbox"/> Architect</p> <p>BUSINESS PARTNERS: <input type="checkbox"/> Manufacturer or Supplier <input type="checkbox"/> Sod Producer Enter NAME(S) Below:</p> <p>1. _____ 2. _____</p> <p>3. _____ 4. _____</p>	<p>TOTALS</p> <p>REGISTRATIONS</p> <p>\$ _____</p> <p>MEMBERSHIPS</p> <p>\$ _____</p> <p>TOTAL DUE:</p> <p>\$ _____</p>
--	---

PAYMENT INFORMATION: Make Checks Payable To: **NEW JERSEY TURFGRASS ASSN** or NJTA

Payment by: Cash Check # _____ Purchase Order (P.O.) # _____

Credit Card Type: VISA MASTERCARD AMERICAN EXPRESS • Contact Phone #: (_____) _____

Print Cardholder's Name _____

Card No. // _____ // _____ // _____ // _____ // Expiration Date (MM/YY) // _____ // _____ //

Security Code // _____ // Billing Address _____ Zip _____