



2023 EARLY REGISTRATION FORM FIELD DAYS

Pesticide Credits
Awarded
at end of Event

THIS FORM IS EARLY REGISTRATION ONLY • Register by FRIDAY 7/7/23, OR Register Onsite.

**** To qualify for the "MEMBER" rate, you must be a current member of at least one of the Association(s) listed below or Join the NJTA with this form:**
(1) New Jersey Turfgrass Assn (NJTA) (2) Sports Field Mgrs Assn of NJ (SFMANJ) (3) Golf Course Superintendents Assn of NJ (GCSANJ)
(4) NJ Landscape Contractors Assn (NJLCA) (5) NJ Nursery & Landscape Assn (NJNLA) (6) Cultivated Sod Growers Assn of NJ (CSGANJ) Membership will be verified.
Put Check by Association(s) you are MEMBER of: ___ NJTA** ___ SFMANJ** ___ GCSANJ** ___ NJLCA** ___ NJNLA** ___ CSGANJ**

Need Special Assistance? Let us know in advance. Name: _____
Bring a Portable Chair for the Tours
10% Discount for 10 or more attendees from same Company
SELECT BOX FOR NUMBER ATTENDING EACH DAY

EARLY REGISTRATION FEES

TUES 7/25/23

WEDS 7/26/23

**** MEMBERS: Early Registration (Before 7/7/23) - \$70**
[OnSite Pricing After 7/7/23 increases to \$90] **x \$70 Each Day**
Check # attendees & fees

NON-MEMBERS: Early Registration (Before 7/7/23) - \$90
[OnSite Pricing After 7/7/23 increases to \$110] **x \$90 Each Day**
Check # attendees & fees

Students or Rutgers Master Gardeners: Send/Show ID **x \$35 Each Day**

<input type="checkbox"/> 1=\$ 70	<input type="checkbox"/> 2=\$140	<input type="checkbox"/> 1= \$ 70	<input type="checkbox"/> 2 = \$140
<input type="checkbox"/> 3=\$210	<input type="checkbox"/> 4 = \$280	<input type="checkbox"/> 3= \$210	<input type="checkbox"/> 4 = \$280
<input type="checkbox"/> 1=\$90	<input type="checkbox"/> 2=\$180	<input type="checkbox"/> 1= \$ 90	<input type="checkbox"/> 2=\$180
<input type="checkbox"/> 3=\$270	<input type="checkbox"/> 4=\$360	<input type="checkbox"/> 3= \$270	<input type="checkbox"/> 4=\$360
<input type="checkbox"/> 1=\$ 35	<input type="checkbox"/> 2=\$70	<input type="checkbox"/> 1=\$ 35	<input type="checkbox"/> 2=\$70
<input type="checkbox"/> 3=\$105	<input type="checkbox"/> 4=\$140	<input type="checkbox"/> 3=\$105	<input type="checkbox"/> 4=\$140

TUESDAY - SPANISH & ENGLISH ProFACT TRAINING - No Charge • ProFACT EXAM \$90 _____ x \$90 Exam
WEDNESDAY - CALIBRATION SESSION - Included in Registration 2:00 - 3:30 PM

ATTENDEES INFORMATION • To Register Online: www.njturfgrass.org • Questions? CALL (973) 812-6467

Company: _____ **Today's Date:** _____
Address: _____
City: _____ **State:** _____ **Zip** _____
Phone: _____ **Fax:** _____

For EACH Attendee: Enter FIRST & LAST Name • Email • NJ Pesticide License • DOB (Date of Birth) • Circle Which Day/s Attending:

1 First _____	2 First _____	3 First _____	4 First _____
1 Last _____	2 Last _____	3 Last _____	4 Last _____
Email _____	Email _____	Email _____	Email _____
NJ Pesticide License # _____	NJ Pesticide License # _____	NJ Pesticide License # _____	NJ Pesticide License # _____
Date of Birth (DOB) _____	Date of Birth (DOB) _____	Date of Birth (DOB) _____	Date of Birth (DOB) _____
Days Attending: TUES • WEDS • BOTH	Days Attending: TUES • WEDS • BOTH	Days Attending: TUES • WEDS • BOTH	Days Attending: TUES • WEDS • BOTH

NJTA MEMBERSHIP - Join NJTA Today and Pay Member Rate (Optional)

2023 NJTA Membership: (January 1 - December 31)			
• One (1) Individual Member	x \$ 125 Each	\$ _____	<i>Print name in box below.</i>
• Turfgrass Partner: <i>Golf Courses, Lawn Care, Landscapers, more</i>	x \$ 300 (1- 3 Names)	\$ _____	<i>Print names in box below.</i>
• Business Partner: <i>Manufacturer, Suppliers or Sod Producers</i>	x \$ 425 (1- 4 Names)	\$ _____	<i>Print names in box below.</i>

Print Member Names: _____

TOTALS: Fees \$ _____ • Membership \$ _____ TOTAL DUE \$ _____

MAIL CHECK (Payable to NJTA): 25 US Hwy 46 W, Wayne NJ 07470 • Fax Form w/ Credit Card or Purchase Order # to: (973) 812-6529
REGISTER & PAY ONLINE: www.njturfgrass.org • CALL if questions: (973) 812-6467

Payment: TOTAL Enclosed: \$ _____ ***Registration fees are non-refundable.**

Check # _____ || Credit Card: ___ Visa ___ Mastercard ___ American Express ___ || Purchase Order # _____
Account Number: // _____ // _____ // _____ // _____ // _____
Exp. Date (MM/YY): // _____ // _____ // Security Code: // _____ // _____

Purchase Orders must be signed by NJTA. Send PO or Voucher with Registration Form. Signed POs mean you are responsible for payment.

Name on Account: _____
Billing Address (if different from above): _____ Billing Zip Code: _____
Authorized Signature: _____ Date: _____