2024 EARLY REGISTRATION FORM FIELD DAYS

Pesticide Credits Awarded at end of Event

THIS FORM IS EARLY REGISTRATION ONLY • Register by Friday 7/12/24, OR You will need to Register Onsite.

Check Association(s) you are MEMBER of:  _____NJTA**  _____SFMANJ**  _____GCSANJ**  _____NJLCA**  _____NJNLA**  _____CSGANJ**

** To qualify for the “MEMBER” rate, you must be a current member of at least one of the Association(s) listed above or Join the NJTA in 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.

Need Special Assistance? Let us know in advance.
Name:_______________________________________  Phone:______________________________________________

Bring a Portable Chair for the Tours

EARLY REGISTRATION FEES

**MEMBERS: Early Registration (Before 7/12/24) - $75
(OnSite Pricing After 7/12/24 increases to $95)

NON-MEMBERS: Early Registration (Before 7/12/24) - $95
(OnSite Pricing After 7/12/24 increases to $115)

Students or Rutgers Master Gardeners:  Send/Show ID

TUE • WED • BOTH  **EARLY REGISTRATION ONLY**
• REGISTER & PAY ONLINE: www.njturfgrass.org • QUESTIONS? CALL (973) 812-6467
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

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

Company: ________________________________   Today’s Date: ____________________________
Address: _____________________________________________________________
City: ______________________ State: __________ Zip: __________ Fax: __________
Phone: ____________________________

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: ____________________________  ____________________________  ____________________________  ____________________________
NJ Pesticide License #: ____________________________  ____________________________  ____________________________  ____________________________
Date of Birth (DOB): ____________________________  ____________________________  ____________________________  ____________________________

1= $ 75  2= $ 150  3= $ 225  4= $ 300
1= $ 95  2= $ 190  3= $ 285  4= $ 380
1= $ 35  2= $ 70  3= $ 105  4= $ 140

TOTAL DUE $____________________

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Payment: TOTAL Enclosed: $__________________________  *Registration fees are non-refundable.
Check # ______________  Credit Card:  __________ Visa  __________ Mastercard  __________ American Express  __________ Purchase Order # ______________
Name on Account: ___________________________________________________________
Billing Address (if different from above): __________________________________________
Billing Zip Code: ____________________________
Authorized Signature: ____________________________________________  Date: __________

2/20/24