



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 (NJNI) (6) Cultivated Sod Growers Assn of NJ (CSGANJ) Membership will be verified.

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 7/30/24	WEDS 7/31/24
** MEMBERS: Early Registration (Before 7/12/24) - \$75 [OnSite Pricing After 7/12/24 increases to \$95]	x \$75 Each Day Check # attendees & fees	<input type="checkbox"/> 1=\$ 75 <input type="checkbox"/> 2=\$ 150 <input type="checkbox"/> 3=\$ 225 <input type="checkbox"/> 4=\$ 300	<input type="checkbox"/> 1= \$ 75 <input type="checkbox"/> 2 = \$ 150 <input type="checkbox"/> 3= \$ 225 <input type="checkbox"/> 4 = \$ 300
NON-MEMBERS: Early Registration (Before 7/12/24) - \$95 [OnSite Pricing After 7/12/24 increases to \$115]	x \$95 Each Day Check # attendees & fees	<input type="checkbox"/> 1=\$ 95 <input type="checkbox"/> 2=\$ 190 <input type="checkbox"/> 3=\$ 285 <input type="checkbox"/> 4=\$ 380	<input type="checkbox"/> 1= \$ 95 <input type="checkbox"/> 2=\$ 190 <input type="checkbox"/> 3= \$ 285 <input type="checkbox"/> 4=\$ 380
Students or Rutgers Master Gardeners: Send/Show ID	x \$35 Each Day	<input type="checkbox"/> 1=\$ 35 <input type="checkbox"/> 2=\$ 70 <input type="checkbox"/> 3=\$ 105 <input type="checkbox"/> 4=\$ 140	<input type="checkbox"/> 1=\$ 35 <input type="checkbox"/> 2=\$ 70 <input type="checkbox"/> 3=\$ 105 <input type="checkbox"/> 4=\$ 140

TUESDAY - SPANISH ONLY ProFACT TRAINING - No Charge • ProFACT EXAM \$90 _____ x \$90 Exam
WEDNESDAY - OPTIONAL CORE 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)

2024 NJTA Membership: (January 1 - December 31)			
• One (1) Individual Member	x \$ 125 Each	\$ _____	Print name in box below.
• Turfgrass Partner: <i>Golf Courses, Lawn Care, Landscapers, more</i>	x \$ 300 (1- 3 Names)	\$ _____	Print names in box below.
• Business Partner: <i>Manufacturer, Suppliers or Sod Producers</i>	x \$ 425 (1- 4 Names)	\$ _____	Print names in box below.

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.

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

Check # _____ || Credit Card: Visa Mastercard American Express || Purchase Order # _____

Account Number: // _____ // _____ // _____ // _____ // _____

Exp. Date (MM/YY): // _____ // _____ // Security Code: // _____ //

Name on Account: _____

Billing Address (if different from above): _____ Billing Zip Code: _____

Authorized Signature: _____ Date: _____