

REGISTRATION FORM

2007 Western PA Turf Conference & Trade Show

Company or Club (Please print clearly or type)

Business Mailing Address

City State Zip

Primary Contact Person (for mailing list purposes)

Daytime Phone Daytime Fax

Email

Web Page Address (if applicable)

Please Check One:

- | | |
|---|---|
| <input type="radio"/> Golf Course | <input type="radio"/> Lawn Service |
| <input type="radio"/> Athletic Field | <input type="radio"/> Sod Industry |
| <input type="radio"/> Landscape/Nursery | <input type="radio"/> Grounds Maintenance |
| <input type="radio"/> Supplier Representative | |
| <input type="radio"/> Other _____ | |

METHOD OF PAYMENT

(Pay By Credit Card and Fax Your Form)

TO MAIL payment, send check or money order payable to PA Turfgrass Council with registration form to the registration office:

PA Turfgrass Council - Registration Office
174 Crestview Drive
Bellefonte, PA 16823
Phone: 814-355-1912 Email: busofc@paturf.org

TO FAX registration form, provide credit card payment below and fax to:

PA Turfgrass Council Fax: 814-355-2452
 Our Federal ID #: 24-6025307

Credit Card Information: Visa MasterCard

Name on card (print)

Account Number

Exp. Date Signature

Total Payment Enclosed for Registration \$ _____

No Refunds will be issued for cancellations received after Friday, March 2, 2007.

MEMBER REGISTRATION

Registrant Names	Full Conference Registration		Two-day Conference Registration		One-day Conference Registration		Trade Show Only Great Low Price	TOTAL \$
	Advance \$90	On-site \$110	Advance \$85	On-site \$95	Advance \$45	On-site \$50		
1. _____ First & Last Name for Name Badge Comp: __ Over 65 __ Spouse __ Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/>	
2. _____ First & Last Name For Name Badge Comp: __ Over 65 __ Spouse __ Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/>	
3. _____ First & Last Name For Name Badge Comp: __ Over 65 __ Spouse __ Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/>	

NON - MEMBER REGISTRATION

Registrant Names <small>Take advantage of member rates. The PTC membership application is included.</small>	Full Conference Registration		Two-day Conference Registration		One-day Conference Registration		Trade Show Only Great Low Price	TOTAL \$
	Advance \$100	On-Site \$120	Advance \$95	On-site \$105	Advance \$50	On-site \$55		
1. _____ First & Last Name for Name Badge Comp: __ Over 65 __ Spouse __ Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/>	
2. _____ First & Last Name For Name Badge Comp: __ Over 65 __ Spouse __ Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues./Wed. <input type="checkbox"/> Wed./Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/>	

Please Remember: Everyone must have a name badge. Please complete all the information for each person being registered, including those registrations that are complimentary. This form may be photocopied as necessary.