

2010 Eastern PA Turf Conference & Trade Show Exhibitor Contract

A completed contract with payment MUST be submitted to reserve space. Your payment in full by check or credit card is required by **November 25, 2009**. No exhibitors will be allowed to move in and set up unless all balances have been paid. By submitting this contract, you agree to comply with the exhibit hall set-up and tear-down times.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Pre-Show Contact: _____

On-Site Contact: _____

Service Checklist (Please check all the services and/or products that you provide.)

- | | |
|--|---|
| <input type="checkbox"/> Chemicals (i.e. Pesticides, Insecticides, Fungicides)
<input type="checkbox"/> Fertilizer/Mulch/Compost
<input type="checkbox"/> Golf Course or Athletic Field Design
<input type="checkbox"/> Irrigation Products
<input type="checkbox"/> Irrigation Services
<input type="checkbox"/> Landscape Equipment
<input type="checkbox"/> Landscape Maintenance or Nursery Product Care
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Lighting Products
<input type="checkbox"/> Lighting Design
<input type="checkbox"/> Seeding Equipment
<input type="checkbox"/> Soil Care
<input type="checkbox"/> Turf Maintenance Equipment
<input type="checkbox"/> Turf or Seed Care
<input type="checkbox"/> Turf Testing or Consulting
<input type="checkbox"/> Utility Vehicles
<input type="checkbox"/> Wholesale or Nursery Products |
|--|---|

<u>Number of Booths</u>	<u>Booth Cost</u>	<u>Exhibitor Registrations*</u>
1 Booth	10' x 10' Booth= \$600 each	2 Registrations per booth
2-5 Booths	10' x 10' Booth= \$575 each	2 Registrations per booth
6 or more Booths	10' x 10' Booth=\$500 each	2 Registrations per booth
<i>* Additional Representatives charged \$30 per representative per day</i>		

Number of Booths: _____

Booth Choice: (provide 1st, 2nd, and 3rd preferences) _____

Total Amount Due: \$ _____

Method of Payment: Check made payable to: PA Turfgrass Council Visa MasterCard
 Credit Card #: _____ Expiration Date: _____

Security Code: _____ Cardholder Signature: _____

Mail or fax this form with payment to:
PA Turfgrass Council – PO Box 550 - Boalsburg, PA 16827 or to 814-237-0767