

Company Contact Person:

Name _____
 Company _____
 Mailing Address _____
 City _____ State _____ ZIP _____
 Business Phone _____ Email _____

Full Registration with Industry Networking Space and 2 Industry Networking Passes

Check one: FTGA Member \$1,480 Non-FTGA Member \$1,980

Rep 1 Name: _____

Golf..... \$125
 Select one: Individual OR Scramble **OR**
 Monday Education..... \$30
 Select one: Golf BMP CORE CEUs Sports Turf Tour
SUBTOTAL \$ _____

Rep 2 Name: _____

Golf..... \$125
 Select one: Individual OR Scramble **OR**
 Monday Education..... \$30
 Select one: Golf BMP CORE CEUs Sports Turf Tour
SUBTOTAL \$ _____

À LA CARTE OPTIONS (SELECT ONE)

Industry Networking Space with 2 Industry Networking Passes

Check one: FTGA Member \$800 Non-FTGA Member \$1,300

To ensure an accurate head count, please check all the events below that each representative will attend:

Rep 1 Name: _____

Golf..... \$125
 Individual OR Scramble
 Monday Education..... \$30
 Select one: Golf BMP CORE CEUs Sports Turf Tour
 Additional Pass.....included

Meals: Young Professional Social & Opening Reception \$60
 Annual Meeting Breakfast..... \$60
 Tuesday All Attendee Awards Lunch..... \$60
 Corn Boil & Raffle..... \$100
 Prayer Breakfast \$60

SUBTOTAL \$ _____

Rep 3 Name: _____

Golf..... \$125
 Individual OR Scramble
 Monday Education..... \$30
 Select one: Golf BMP CORE CEUs Sports Turf Tour
 Additional Pass.....\$100

Meals: Young Professional Social & Opening Reception \$60
 Annual Meeting Breakfast..... \$60
 Tuesday All Attendee Awards Lunch..... \$60
 Corn Boil & Raffle..... \$100
 Prayer Breakfast \$60

SUBTOTAL \$ _____

Rep 2 Name: _____

Golf..... \$125
 Individual OR Scramble
 Monday Education..... \$30
 Select one: Golf BMP CORE CEUs Sports Turf Tour
 Additional Pass.....included

Meals: Young Professional Social & Opening Reception \$60
 Annual Meeting Breakfast..... \$60
 Tuesday All Attendee Awards Lunch..... \$60
 Corn Boil & Raffle..... \$100
 Prayer Breakfast \$60

SUBTOTAL \$ _____

Rep 4 Name: _____

Golf..... \$125
 Individual OR Scramble
 Monday Education..... \$30
 Select one: Golf BMP CORE CEUs Sports Turf Tour
 Additional Pass.....\$100

Meals: Young Professional Social & Opening Reception \$60
 Annual Meeting Breakfast..... \$60
 Tuesday All Attendee Awards Lunch..... \$60
 Corn Boil & Raffle..... \$100
 Prayer Breakfast \$60

SUBTOTAL \$ _____

Continued on page 6

Company Contact Person:

Check here if same as listed on page 5

Name _____

Company _____

Mailing Address _____

City _____ State _____ ZIP _____

Business Phone _____ Email _____

SPONSORSHIP OPPORTUNITIES (CHECK ONE OR MORE SPONSORSHIPS):

** Denotes that an Industry Networking Space is included with sponsorship

PLATINUM SPONSOR | \$7,500**

Annual Meeting Breakfast Tuesday All Attendee Awards Lunch Tote Bag Room Key

GOLD SPONSOR | \$5,000**

Opening Reception Golf Tournament Prizes Industry Networking Refreshments Happy Hour

SILVER SPONSOR | \$2,500

Golf BMP Box Lunch CORE CEUs Box Lunch Wednesday Continental Breakfast USB Drives Tumblers

BRONZE SPONSOR | \$1,000

Sports Turf Tour Transportation Tuesday Education Refreshments Past Presidents' Breakfast
 Wednesday Education Refreshments USGA Golf Session

SPECIAL OPPORTUNITIES | \$250 – \$500

\$500 Sponsorships: Educational Speaker Lip Balm Flashlights
 \$250 Sponsorships: Golf Tee Sign Educational Workshop

CALCULATION INFORMATION	
Full Registration Networking Space	\$ _____
Rep 1 Subtotal	\$ _____
Rep 2 Subtotal	\$ _____
Sponsorship(s) Subtotal	\$ _____
Industry Networking Space	\$ _____
Rep 1 Subtotal	\$ _____
Rep 2 Subtotal	\$ _____
Rep 3 Subtotal	\$ _____
Rep 4 Subtotal	\$ _____
Sponsorship(s) Subtotal	\$ _____
GRAND TOTAL	\$ _____

Cancellation Policy
 Cancellations made after 8/31/17 are subject to a 25% cancellation fee. *Refunds will not be granted for not attending.*

Phone registrations are not permitted.

PAYMENT INFORMATION
Check # _____ OR
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover
Credit Card # _____
Exp. Date _____ Security Code _____
Billing Address _____ _____
Zip Code _____
SUBMIT REGISTRATION FORM AND PAYMENT TO:
Mail: Florida Turfgrass Association 411 E. Orange Street, Suite 205, Lakeland, FL 33801
Fax: 863.688.9413
Email: Heather@FTGA.org
www.FTGA.org
<i>Keep a copy of both sides of your Registration Form for your records.</i>