



# 42nd Annual Professional Turf, Plant & Tree Conference

TUESDAY, MARCH 2, 2010

Nassau Veterans Memorial Coliseum

1255 Hempstead Turnpike • Uniondale, New York

APPLICATION & CONTRACT FOR 2010 EXHIBIT SPACE (Please print or type)

Company Name	Contact Person							
Address, City, State, Zip Code								
Telephone (    )	Fax (    )	E-Mail						
Address set-up info should be mailed to: (if different from above address).								
Product or Service Marketed								
Special Requests: _____ _____ _____								
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Registration Paid By November 15, 2009</td> <td style="text-align: center; width: 50%;">Registration Paid By January 20, 2010</td> </tr> <tr> <td>Number of 10' x 10' Booths: _____ @ \$850.00 ea.</td> <td>_____ @ \$900.00 ea.     \$ _____</td> </tr> <tr> <td>Number Additional Representatives: _____ @ \$25.00 ea.</td> <td>_____ \$</td> </tr> </table> <p>Pre-registration forms needed for mailing _____</p> <p>All exhibit space will be inside the building. Trucks require minimum of two booths each. Check measurements carefully. Please measure equipment before ordering space; there will be no allowance for overhang of booth. Electric will be ordered directly through the Coliseum. Union workers will assist with move-in and move-out, cost will be included in price of booth. (Banners additional) Lunch is not included, but is available for purchase.</p>			Registration Paid By November 15, 2009	Registration Paid By January 20, 2010	Number of 10' x 10' Booths: _____ @ \$850.00 ea.	_____ @ \$900.00 ea.     \$ _____	Number Additional Representatives: _____ @ \$25.00 ea.	_____ \$
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Number Additional Representatives: _____ @ \$25.00 ea.	_____ \$							
<i>I have read the terms and conditions of this contract and agree to them.</i> Signature of Authorized Representative (Required)  _____	<b>TOTAL ENCLOSED</b> \$ _____							
Please Make Checks Payable to: <b>NSLGA</b>								
Credit Card Payment: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express     Name of Card Holder _____ Billing address (if different) _____ Card # _____ / _____ / _____ / _____     Expiration Date ____ / ____     CID _____ Signature of Card Holder _____								
Please return check and this contract to: <div style="margin-left: 20px;">             Nassau/Suffolk Landscape Gardeners Association, Inc.              P.O. Box 489              Brightwaters, New York 11718              631-665-2250     Fax: 631-665-7004              e-mail: NSLGA2@optonline.net           </div>								
<i>Sponsored by the Nassau/Suffolk Landscape Gardeners Association, Inc.              In Cooperation With Cornell Cooperative Extension</i>								