ATTENDEE REGISTRATION
2025 GREEN EXPO

Tuesday, December 9 – Thursday, December 11, 2025
• The BORGATA Hotel • Atlantic City, NJ

ONE FORM FOR EACH ATTENDEE. *PRINT CLEARLY. DUPLICATE FOR MORE ATTENDEES.*

NAME_____ **DATE**_____

COMPANY _____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP**_____

PHONE _____

NJ PESTICIDE LICENSE # (N/A if not applicable) _____

DATE OF BIRTH (MM-DD-YYYY): //___ ___ //__ __ //___ ___ ___ ___//

*** EMAIL REQUIRED for Receipt & Confirmation**

EARLY REGISTRATION CHOICES & FEES

EARLY BIRD CUT OFF DATE: MONDAY, November 3, 2025
After this date, OnSite Registration FEES INCREASE
FAX: (973) 812-6529 • PHONE: (973) 812-6467 • execdirector@njturfgrass.org
MEMBER of Which ASSN? Your ASSN MEMBERSHIP WILL BE VERIFIED.
❑NJTA ❑GCSANJ ❑SFMANJ Join NJTA today & Pay MEMBER Fee.
❑NJLCA ❑IANJ ❑NJNLA

	MEMBER	NON MEMBER	TOTAL FEES
THREE (3) DAYS: Education & Trade Show *TUESDAY, WEDNESDAY, & THURSDAY* *NON-MEMBER Fee inc (1) One Member 2025	$ 315	$ 470* ($330 +140)	$
TWO (2) DAYS: Education & Trade Show Circle Days: TUES WEDS THURS *NON-MEMBER Fee inc (1) One Member 2025	$ 255	$ 405* ($265 +140)	$
ONE (1) DAY: Education & Trade Show Circle Which Day: TUES WEDS THURS	$ 195	$ 220	$
TRADE SHOW ONLY: No Education **BOTH DAYS**: TUES • WEDS	$ 170	$ 195	$
ONE DAY: Circle Day: TUES WEDS	$ 140	$ 165	

***OPTIONAL*: ProFACT FERTILIZATION CERTIFICATION: Thursday**
Select 1 or Both: ❑**Training** *(No Charge)* • ❑**Exam @ $90** $_____
Which one? ❑**SPANISH** • ❑**ENGLISH**

TOTAL FEES DUE:

REGISTRATION $_____
NJTA Membership $_____
PROFACT Fee *(Optional)* $_____
TOTAL DUE $_____

Select Payment Type: Please Print Clearly.

❑**Check** Check Number #_____
❑ **Purchase Order #**_____(Include PO paperwork)
❑**Credit Card?** Visa _____MasterCard _____AMEX_____
Card No. //___ ___ ___ ___//___ ___ ___ ___//___ ___ ___ ___//___ ___ ___ ___
Expiration Date (Month/Year) // _____ _____ // _____ _____ //
Security Code*: // ___ ___ ___ ____// *3 OR 4 digit security number on card.
Billing Address (if different)_____Zip_____
PRINT Cardholder's Name _____
X Signature_____

2026 NJTA MEMBERSHIP

❑RENEW ❑NEW **Membership Year: January 1, 2026 - December 31, 2026**
Join NJTA today and pay 'Member Fee' for Expo.
❑ **BUSINESS** (Manufacturers/Suppliers/Sod Producers) **(1 to 4 Names from Same Company) $ 440.00**
❑ **TURFGRASS** (Golf Courses/Landscape/Schools/Parks) **(1 to 3 Names from Same Company) $ 315.00**
❑ **ONE (1) Member** (Inc. with 2 or 3 day Non-Member Reg) **$ 140.00**

1 - NAME_____
1 - Email_____
2 - NAME_____
2 - Email_____
3 - NAME_____
3 - Email_____
4 - NAME_____
4 - Email_____

Your PRIMARY Business - Check One?
TURFGRASS: ❑Golf Course ❑Lawn Care Applicator ❑Landscape/Lawn Maintenance ❑Cemetery ❑Irrigation ❑Parks & Recreation ❑Schools & Athletic Fields ❑Architect
BUSINESS: ❑Manufacturer or Supplier ❑Sod Producer

MEMBERSHIP Subtotal $_____
[$140 Membership Included with Two or Three Day NON-MEMBER Fee]

CHECK: Make Payable to NJTA (New Jersey Turfgrass Assn)
FAX: 973.812.6529 • ONLINE: www.njturfgrass.org
MAIL: NEW JERSEY TURFGRASS ASSOCIATION
25 US Hwy 46 W, Wayne, NJ 07470-6801
Questions? Call: (973) 812-6467
Web: www.njturfgrass.org • Email: execdirector@njturfgrass.org
Registration form at: www.njturfgrass.org
Federal Tax ID #: 23-7453656

HOTEL RESERVATIONS: Call 609-317-1000

- **BORGATA HOTEL: $ 109.00** *(plus taxes)* **Room Rate**
  Use Group Code **GBTG25** for The Borgata Classic Rooms.
- **MGM TOWER: $ 129.00** *(plus taxes)* **Room Rate**
  Use Group Code **GBMGM25** for the MGM TOWER Rooms

Cut-off date: MONDAY, November 3, 2025
Reservations made after this date based on space availability and prevailing rates.

Final Deadline Date for EARLY Registration is MONDAY, November 3, 2025. After this date, only ONSITE Registration accepted.
Cancellations must be in writing and received prior to November 3, 2025, and will be assessed a $95 cancellation/processing fee. NO REFUNDS granted after November 3, 2025.
Rev. 01.05.25 **Register ONLINE: www.njturfgrass.org • MAIL/FAX to GREEN EXPO Office • Keep Copy for your Records • Date Received**_____