



2019 CT Green Industry Alliance Banquet and Awards Ceremony

Attendee Registration Form

Please fill out the form and submit payment to the Connecticut Nursery & Landscape Association, 1 Regency Drive, PO Box 30, Bloomfield, CT 06002 or fax to (860)-286-0787. MC, VISA and AMEX are also accepted.

My company is a member of

☐ APLD – CT ☐ CGKA ☐ CICA ☐ CNLA ☐ CUFC ☐ ESA ☐ NOFA-CT

Contact Name: _____

Company Name: _____

Company Address: _____

Company City/State/Zip: _____

Phone: _____ Email: _____

Registration Fees

\$50/person

\$450/table of 10 people

Attendees *(do not include the person who submitted an application)*

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Total Registration Fee Enclosed \$ _____

Method of Payment

☐ Check # _____ ☐ VISA/MC/AMEX Card # _____ Exp. Date _____ Sec. Code _____
(made payable to CNLA)

Name on Card _____ Signature _____

Billing Address *(if different than above)* _____

Submit registration form to: CNLA, 1 Regency Drive, PO Box 30, Bloomfield, CT 06002 | info@cnla.biz | 800-562-0610