

2010 GCSAA EDUCATION CONFERENCE

REGISTRATION FORM A-1

(Forms A-1, A-2, and A-3 must be submitted together.)



FOR OFFICE USE ONLY

- Check here if you **DO NOT** want to be in our online Attendee Directory.
- Check here if you are a first-time attendee.
- ADA assistance: Provide a letter indicating specific ADA requirements, GCSAA staff will contact you to discuss setting up services to accommodate your needs.

How to Register

There are three easy ways to register:

- Online** at www.gcsaa.org
- Fax** all three completed registration forms with credit card payment information to **785.832.3628**
- Mail** all three completed registration forms with check, money order or credit card payment information to:

GCSAA Registration
PO Box 219004
Kansas City, MO 64121-9004

Main Registrant Information

GCSAA Member # (if applicable) _____

First Name _____ MI _____ Last Name _____
 Send credentials for this meeting to: Home Business
 Send other mail from GCSAA to: Home Business

Home Address: Street Address or PO Box _____

City _____ State _____ ZIP _____

Country _____

Home Phone _____

JOB TITLE: (Please check the category below that best describes your job title.)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Golf Course Superintendent | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Assistant GC Superintendent | <input type="checkbox"/> Student |
| <input type="checkbox"/> Club/Course Owner/Operator | <input type="checkbox"/> Media |
| <input type="checkbox"/> Club President | <input type="checkbox"/> Other |
| <input type="checkbox"/> Green Chairman | |

Business/Company Name _____

Business Address: Street Address or PO Box _____

City _____ State _____ ZIP _____

Country _____

Business Phone _____ Fax _____

Email – required to use the My Planner online, see page 17 _____

Emergency Contact Name & Telephone Number _____

Badge Information

Please print the following information as you wish it to appear on your badge.

 Nickname

Your first and last name will appear on the second line of your badge as it is in the Registrant Information section.

 Course/Company Name

 City, State

SAMPLE BADGE

JOE
 JOE SMITH
 CROSS CREEK COUNTRY CLUB
 LAWRENCE, KS

Registration Options

See previous page for full descriptions of options.

| | |
|--------------------------------|---------------------------------|
| Advance Fees | Standard Fees |
| Thru Jan. 21, 2010, 5pm CST | After Jan. 21, 2010, 5pm CST |

FULL-CONFERENCE PACKAGES

- | | | |
|--|-------|-------|
| <input type="checkbox"/> 1001 GCSAA Member | \$275 | \$375 |
| <input type="checkbox"/> 1002 Nonmember | \$400 | \$500 |

COMPLIMENTARY FULL-CONFERENCE PACKAGES

- | | | |
|---|-------|-------|
| <input type="checkbox"/> 1004 New Member (GCSAA will confirm) | Comp. | Comp. |
| <input type="checkbox"/> 1005 Student Member | Comp. | Comp. |
| <input type="checkbox"/> 1006 Retired/Educator Member | Comp. | Comp. |
| <input type="checkbox"/> 1007 Media | Comp. | Comp. |

SPECIAL REGISTRATION OPTIONS

- | | | |
|--|-------|-------|
| <input type="checkbox"/> 1003 Course Management/Staff attending with superintendent * | \$275 | \$375 |
| <input type="checkbox"/> 1008 Golf Course Owner/Employer attending with superintendent * | \$175 | \$175 |

* If selection 1003 or 1008, you must fill in the name and GCSAA member number of the superintendent with whom you are attending. The superintendent must have either previously registered or submit his/her form with yours.

Golf Course Superintendent's Name _____ GCSAA Member # _____

TRADE SHOW ONLY AND DISTRIBUTOR OPTIONS

- | | | |
|---|-------|-------|
| <input type="checkbox"/> 1009 Trade Show Only Pass | \$175 | \$225 |
| <input type="checkbox"/> 1010 Distributor Trade Show Pass | \$175 | \$225 |

GIS