

*New York State Turf & Landscape Association*

*Professional Turf & Landscape*

*Conference & Trade Show*



## ***EXHIBITOR CONTRACT***

*Once again, we are back at The Westchester County Center on*

***Tuesday, January 15, 2019***

*Trade Show will be held downstairs, Seminars and classes will be in additional classrooms upstairs.*

***SOLD OUT LAST YEAR!***

***You're a Preferred  
Vendor...  
Pre-Register and SAVE  
money!***

***Also, when signed up  
early, you can choose  
best locations available.***

***Optional:***

*\*Hot buffet lunch for an additional cost*

*\*Donation of door prizes*

***NO REFUNDS:*** *Show will go on unless Westchester County closes the County Center in the event of any weather conditions.*

***Please see ALL details on the registration form and fill out completely!***

***RESERVE YOUR SPOT  
NOW!***

***NYSTLA  
1 Prospect Ave.  
White Plains, NY 10607  
(914) 993-9455  
Fax (914) 993-9051  
admin@nystla.com***



New York State Turf & Landscape Association  
 1 Prospect Avenue • White Plains, NY 10607  
 (914)993-9455 • admin@nystla.com  
 www.nystla.com

DATE: **January 15, 2019**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Program Title	Dates	Qty.	Cost
<b>2019 Conference &amp; Trade Show</b>	<b>1/15/19</b>		
<b>Exhibitor Booth: Pre-Registration</b>			<b>\$385</b>
<b>Exhibitor Booth: After December 15th</b>			<b>\$450</b>
<b>Hot Buffet Lunch</b>			<b>\$25</b>
		<b>TOTAL</b>	

**Location: Downstairs Exhibitor Hall**

**Display areas will be 8 x 10 and include table and chairs**

**Please check the box if you:  need electricity**

are donating door prize

**Set up will be Monday, January 14<sup>th</sup> 11am-5pm or Tuesday morning, January 15<sup>th</sup> at 6:30am.**

**Attendee registration will be from 7:30am to 8:30am.**

Payment Information [please circle]

VISA MasterCard AMEX Check (# \_\_\_\_\_) Cash

Credit Card Number:

-     -     -

Exp. Date:

CVC Code:

Cardholder's Name: \_\_\_\_\_

Billing Zip Code if Different from Above: \_\_\_\_\_

Signature \_\_\_\_\_