



**Horticulture & Natural Resources**  
 1712 Claflin  
 2021 Throckmorton Plant Sciences Center  
 Manhattan, KS 66506-5507  
 Phone: (785) 532-6173 Fax: (785) 532-6949

Dear Turfgrass Exhibitors:

We would like to invite you to be an exhibitor at the **2017 Kansas Turfgrass Field Day** to be held **Thursday, August 3** at the **John C. Pair Horticultural Research Center** in Wichita.

The \$30.00 exhibitor registration fee includes **one** 10x20 booth space, **one** registration and **lunch**. Additional booth space will be at a \$25.00 cost per 10x20 exhibit space. Additional registrations - \$30.00 per person. Exhibit space will be assigned on a first-come, first-serve basis. Please return this form by **July 22** in order to secure a spot at this year's field day.

We will have equipment demonstrations after lunch (approximately 12:30). If you would like to demo any of your equipment, please let Christy Dipman know at (785) 532-6173 or cdipman@ksu.edu

Sincerely,

Jared Hoyle  
 Extension Turfgrass Specialist



**2017 Kansas Turfgrass Field Day - August 3  
 Exhibitor's Registration Form**

Company name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**EACH EXHIBIT SPACE INCLUDES ONE REGISTRATION and LUNCH**

**Amount of booth spaced needed:**

_____ 1 10x20 exhibit space	\$30.00
_____ Additional 10x20 @ \$25.00 each	\$ _____
_____ Additional registrations @ \$30.00 each	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Check** payable to Kansas Turfgrass Foundation enclosed.

**Credit card** Type: \_\_\_\_\_ No. \_\_\_\_\_ Exp. \_\_\_\_\_ 3-4 digit CID \_\_\_\_\_

Name on card (printed) \_\_\_\_\_ Signature \_\_\_\_\_

**Names for badges:**

\_\_\_\_\_

\_\_\_\_\_

**Return by July 22 to:** Turfgrass Field Day  
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