



**K-State Research & Extension Horticulture**  
 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 **2019 Kansas Turf & Ornamentals Field Day** to be held **Thursday, August 1** at the **K-State Research & Extension Center in Olathe**. A copy of the brochure is attached.

The \$35.00 exhibitor registration fee includes **one** 10x20 booth space, **one** registration and **BBQ lunch**. Additional booth space will be at a \$25.00 cost per 10x20 exhibit space. Additional registrations are \$35.00 per person. Exhibit space will be assigned on a first-come, first-serve basis. Please return this form by **July 19** in order to secure a spot at this year's field day.

**If you would like to help sponsor the lunch and receive recognition at the event, on the website and in the newsletter, please indicate on the form.**

Sincerely,

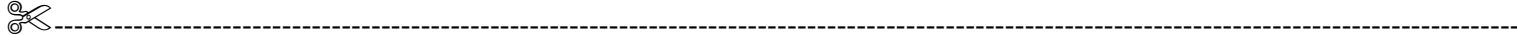
Jared Hoyle  
 Extension Turfgrass Specialist

**Kansas State University Agricultural Experiment Station  
 and Cooperative Extension Service**

K-State, County Extension Councils, Extension Districts, and U.S. Department of Agriculture Cooperating.

K-State Research and Extension is an equal opportunity provider and employer.

Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as amended. Kansas State University, County Extension Councils, and United States Department of Agriculture Cooperating, Ernie Minton, Acting Dean.



**2019 Kansas Turfgrass Field Day  
 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 @ \$35.00	\$ _____
_____ Additional 10x20 @ \$25.00 each	\$ _____
_____ Additional registrations @ \$35.00 each	\$ _____
_____ <b>LUNCH SPONSOR @ \$250</b>	\$ _____
_____ <i>(Includes registration fee)</i>	
<b>TOTAL</b>	<b>\$ _____</b>

**PAYMENT:**

**Check** payable to Kansas Turfgrass Foundation enclosed.  
 **Credit card** Type: \_\_\_\_\_ No. \_\_\_\_\_ Exp. \_\_\_\_\_ 3-4 digit CID \_\_\_\_\_  
 Name on card (printed) \_\_\_\_\_

**Names for badges:**

\_\_\_\_\_  
 \_\_\_\_\_

**Return by July 19 to:** Turfgrass Field Day ? Call (785) 532-6173  
 1712 Claflin, 2021 Throckmorton cdipman@ksu.edu  
 Manhattan, KS 66506 Fax: (785) 532-6949