



K-State Research & Extension Horticulture
 1712 Claflin, 2021 Throckmorton Plant Sciences Center
 Manhattan, KS 66506-5507
 Phone: (785) 532-6173

Dear Turf & Ornamentals Exhibitors:

We would like to invite you to be an exhibitor at the **2025 Kansas Turf & Ornamentals Field Day on Thursday, August 7** at the **Rocky Ford Turfgrass Research Center in Manhattan**. A copy of the brochure is attached.

The \$35.00 exhibitor registration fee includes **one** 10x20 booth space, **one** registration and a box 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 21** 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,



Kansas State University Agricultural Experiment Station and Cooperative Extension Service
 K-State, County Extension Councils, Extension Districts, and U.S. Department of Agriculture Cooperating.

Jack Fry
 Extension Turfgrass Specialist

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, Dean.



**2025 Kansas Turf & Ornamentals Field Day
 Exhibitor's Registration Form**
OR register online at <https://2025FieldDayExhibitor.eventbrite.com>

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	\$ _____
_____ LUNCH SPONSOR @ \$250	\$ _____
<i>(Includes registration fee)</i>	
TOTAL	\$ _____

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 21 to:

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 1712 Claflin, 2021 Throckmorton PSC
 Manhattan, KS 66506-5507

Questions? - Call (785) 532-6173
 cdipman@ksu.edu