

(Pages 1-3 must be submitted together.)

There are **3 ways to register:**

- 1. Online** at www.golfindustryshow.com/registration
- 2. Fax** with credit card payment to 785.832.3643
- 3. Mail** with payment to: **GCSAA Registration**
1421 Research Park Dr.
Lawrence, KS 66049-3859

FOR OFFICE USE ONLY

FILE #	<input type="text"/>
AMT PD	<input type="text"/>

Main Registrant Information

Male Female

GCSAA Member # (if applicable) _____ Member Class _____

First Name _____ MI _____ Last Name _____

Facility/Company Name _____

BUSINESS TYPE:

(Please check the category below that best fits your company.)

- | | |
|--|---|
| <input type="checkbox"/> Golf Course/Club | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Management Company | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Maintenance Company | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> GC Architectural Firm | <input type="checkbox"/> Media/PR |
| <input type="checkbox"/> GC Construction Firm | <input type="checkbox"/> Other (write in below) _____ |
| <input type="checkbox"/> Association | |

Job Title (Required. If student or retired, please indicate here.) _____

Preferred Mailing Address Home Business

Street Address or PO Box _____

City _____ State _____ Zip _____

Country _____

Preferred Phone Number Home Business

Phone _____

Email - **Required** _____

ADA Assistance Needed

- Check here** and provide a letter indicating specific ADA requirements. GCSAA staff will contact you to discuss setting up services to accommodate your needs.

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 Main Registrant Information Section.

Facility/Company Name

City, State

Sample Badge:

JOE JOSEPH SMITH CROSS CREEK COUNTRY CLUB LAWRENCE, KS
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Survey Questions

- What are your business objectives for attending the Golf Industry Show? (Select all that apply.)
 - Seeking to purchase products
 - Collecting information
 - See what new products are available
 - Not necessarily to purchase, but to personally connect with vendor representatives
- For which of the following areas do you hold purchasing authority? (Choose only one.)
 - Golf Course Clubhouse Other facility component
 - Range Pro shop
- Which of the following products are you most interested in seeing at the show? (Select all that apply.)
 - Mowers/Maintenance equipment Chemicals
 - Seed/Sod Golf cars/turf utility vehicles
 - Facility Management Golf course accessories
 - Irrigation equipment and supplies Other, please specify below: _____
- Excluding all labor and capital expenditures, which of the following best describes the annual maintenance budget for your facility? (Choose only one.)
 - Less than \$250,000 \$1,000,000 to \$1,249,999
 - \$250,000 to \$499,999 \$1,250,000 to \$1,499,999
 - \$500,000 to \$749,999 \$1,500,000 or higher
 - \$750,000 to \$999,999 N/A

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Main Registrant Information *(Please provide in the event pages get separated.)*

GCSAA Member # (if applicable) _____

 First Name Last Name Daytime Phone

Registration Packages

Select **only one package below**. Remember that all Full-Conference Packages and those listed under Special Registration Packages, include admittance to the trade show.

	Advance Fees Thru Jan. 12	Standard Fees Jan. 13-Feb. 2	Onsite Fees After Feb. 2
FULL-CONFERENCE PACKAGES			
<input type="checkbox"/> 1001 GCSAA Member	\$450	\$550	\$600
<input type="checkbox"/> 1002 Nonmember	\$600	\$700	\$750

COMPLIMENTARY FULL-CONFERENCE PACKAGES

<input type="checkbox"/> 1004 New Member <i>(GCSAA will confirm)</i>	COMP.	COMP.	COMP.
<input type="checkbox"/> 1005 Student Member	COMP.	COMP.	COMP.
<input type="checkbox"/> 1006 Retired/Educator Member	COMP.	COMP.	COMP.

SPECIAL FULL-CONFERENCE PACKAGE

<input type="checkbox"/> 1003 Course Employer/Staff attending with superintendent*	\$450	\$550	\$600
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*If selecting 1003, you must fill in the name and GCSAA member number of the superintendent with whom you are attending below. The superintendent must have either previously registered or his form be submitted simultaneously.

Golf Course Superintendent's Name _____ GCSAA Member # _____

DISTRIBUTOR AND INDUSTRY PACKAGES

<input type="checkbox"/> 1010 Distributor Trade Show Pack	\$300	\$350	\$400
<input type="checkbox"/> 1022 Industry Pass—Member	\$700	\$700	\$700
<input type="checkbox"/> 1022 Industry Pass—Nonmember	\$1100	\$1100	\$1100

GOLF TOURNAMENT ONLY

<input type="checkbox"/> 1901 Golf Tournament Only <i>(not attending any conference or industry show events)</i>	Fees are with event(s) selected in Tournament Registration Section.
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Voluntary Donation

We ask for your consideration in supporting the efforts of The Institute. Your charitable donation may be tax deductible. Please consult your tax advisor.

- \$25
 \$50
 \$100
 Other \$ _____



GCSAA National Championship & Golf Classic

Certification of Handicap and Other Tournament Data

The following information is mandatory. You must submit a copy of your current handicap card with your registration.

STATUS: Amateur Pro Player DOB: ____/____/____

GHIN Number or similar identification number _____

Name of association issuing handicap _____

Web address to verify handicap _____

Contact name to verify handicap _____

Shirt/Jacket Size: S M L XL XXL

Mobile Phone Number: _____

Needed to communicate tee times and course information. Text and data rates may apply.

Emergency Contact Name & Telephone Number _____

Tournament Entry Fees

- 9120 Late registration fee after Dec. 20 \$50
 9101 National Championship Entry \$475
 9102 Golf Classic \$475
 9102 Golf Classic - Affiliate Member \$575

Check one of the following if you wish to play in the Golf Classic **Senior Flights**. *To be eligible to compete in a senior flight, you must be 50 by Feb. 3, 2018.*

- Senior I (age 50-56) Senior II (age 57-64) Super Senior (age 65+)
- 9103 Four-Ball \$175
 9103 Four-Ball - Affiliate Member \$275
 Pair me randomly from the pool of players:
 No, I have a partner.
 Four-Ball Partner's Name: _____
- 9104 Scramble \$175
 9104 Scramble - Affiliate Member \$275
 Place me randomly on a team.
 I have a team. Team member names:

Social Tickets for Tournament Guests

Select the appropriate ticket for guests, age 21 and over, planning to accompany you to the social events at the tournament. Guests age 20 and under will not need a ticket for these events.

- 9301 Saturday Tournament Welcoming Reception \$35
 9302 Sunday 19th Hole Reception \$35
 9303 Monday 19th Hole Reception \$35

(Pages 1-3 must be submitted together.)

Main Registrant Information *(Please provide in the event pages get separated.)*

GCSAA Member # (if applicable) _____
 _____ First Name _____ Last Name _____ Daytime Phone _____

Seminar Selections

Write the **codes** for your seminar selections in the start time below. Because seminars tend to fill quickly, please select one 1st, 2nd and 3rd choice. Use the price for your first choice to calculate the fees due.

Day & Start Time	1st Choice	2nd Choice	3rd Choice	Fees*
MONDAY				
8 AM				
10 AM				
1 PM				
3 PM				
TUESDAY				
8 AM				
10 AM				
1 PM				
3 PM				
WEDNESDAY				
8 AM				
10 AM				
1 PM				
3 PM				
THURSDAY				
8 AM				
10 AM				
1 PM				
3 PM				

Seminar Total \$ _____
 *Calculate amount based on prices of 1st choices.

Invitation Only Event

4105 Grassroots Ambassador Academy Comp.
 (by invitation only)

Mobile App

The GIS mobile app will allow exhibitors and other attendees to view your contact information, including phone number, email and mailing address. There is no bulk email distribution capability or a method to export attendee information from this app.

Check here if you **DO NOT** wish your information to be available in this app.

Family Registration

Family registration is available for your spouse or significant other and dependent children only. **No business partners or associates may register this way.** Birthdates are required for any children you are registering. Additionally, a Release and Hold Harmless Agreement will need to be signed for any children 12 or under to be permitted on the trade show floor. These agreements will be available onsite in the registration area.

_____ Male Female
 Spouse/significant other: First and Last Name
 (Fee is waived if main registrant package is complimentary) **\$30**

_____ Male Female
 Family Registrant: First and Last Name

_____ Birth Date: ____/____/____
 Relationship to Main Registrant MM DD YYYY

_____ Male Female
 Family Registrant: First and Last Name

_____ Birth Date: ____/____/____
 Relationship to Main Registrant MM DD YYYY

Cancellation Policy

Cancellation requests must be in writing and should be mailed or faxed to GCSAA Registration or emailed to mbrhelp@gcsaa.org. The request must be received by the deadlines below to be eligible for refund. A \$50 administrative fee will be assessed for any cancellations.

- TOURNAMENT Cancellation Deadline: **Jan. 3, 2018**
- CONFERENCE & SHOW Cancellation Deadline: **Jan. 19, 2018**

Payment Information * Sales tax included in price when applicable.

TOTAL DUE (add amounts from pages 2 & 3) \$ _____

Check *(Make Payable to GCSAA. Must be U.S. dollars drawn on U.S. bank.)*
 Business Personal Check #: _____

Credit Card *(GCSAA accepts MasterCard, Visa, American Express and Discover Card payments)*

_____ Credit Card Number *(Amex will only be 15 digits)*

Expiration Date: ____/____/____ (MM/YYYY)

_____ Card Holder's Name *(please print)*

_____ Card Holder's Signature