

(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 _____

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

Facility/Company Name _____

Company Website (**Required for nonmembers**.) _____

Preferred Mailing Address Home Business

Street Address or PO Box _____

City _____ State _____ Zip _____

Country _____

Preferred Phone Number Home Business

Phone _____

Email - **Required** _____

BUSINESS TYPE — Please select a category from one of the groups below that best describes your business. Select only one.

Group A

- | | |
|--|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Golf Course Architectural Firm |
| <input type="checkbox"/> GCSAA Chapter | <input type="checkbox"/> Golf Course Construction Firm |
| <input type="checkbox"/> Golf Course/Club | <input type="checkbox"/> Maintenance Company |
| <input type="checkbox"/> Other Golf Facility | <input type="checkbox"/> Management Company |
| <input type="checkbox"/> Lawn & Landscape | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Sports Turf | <input type="checkbox"/> Other School |

Group B — Please answer the questions below when selecting a business type from this group.

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Other — please state below _____ |
| <input type="checkbox"/> Irrigation Company | |
| <input type="checkbox"/> Sod Growers | |

Questions for Group B Business Types — Please answer the questions below.

Which of the following best describes your role as an attendee at the Golf Industry Show?

- I am reviewing or purchasing products or services as an end user or advisor for my company. My company *does not* produce any golf related products or services.
- My company produces products or services, and I want to review the show.
- My company is a manufacturer that sells solely to other manufacturers, and I need to connect with exhibitors at the show.
- I am a GCSAA member seeking to only participate in the GCSAA Golf Championships.
- None of these apply.

As a manufacturer or manufacturer and distributor of a golf related product or service, please select one of the following:

- My company has never exhibited at the show or not within the last five years.
- My company is interested in exhibiting and has exhibited in the show within the last five years.
- Other — please explain. _____

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:

<p>JOE JOSEPH SMITH CROSS CREEK COUNTRY CLUB LAWRENCE, KS</p>
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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.

- | | |
|-------------------------------|---|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> Other \$ _____ |



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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. 11	Standard Fees Jan. 12-Feb. 1	Onsite Fees After Feb. 1
FULL-CONFERENCE PACKAGES			
<input type="checkbox"/> 1001 GCSAA Member	\$450	\$550	\$600
<input type="checkbox"/> 1002 Nonmember	\$600	\$700	\$750

COMPLIMENTARY FULL-CONFERENCE PACKAGES

	COMP.	COMP.	COMP.
<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

GCSAA CHAMPIONSHIPS 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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Invitation Only Events

<input type="checkbox"/> 4105 Ambassador Academy, Part 1	COMP.
<input type="checkbox"/> 4106 Ambassador Academy, Part 2	COMP.

GCSAA Golf Championships

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
<input type="checkbox"/> 9101 National Championship Entry	\$475
<input type="checkbox"/> 9102 Golf Classic	\$475
<input type="checkbox"/> 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. 2, 2019.

Senior I (age 50-56) Senior II (age 57-64) Super Senior (age 65+)

<input type="checkbox"/> 9103 Four-Ball	\$200*
<input type="checkbox"/> 9103 Four-Ball - Affiliate Member	\$300*

Pair me randomly from the pool of players:

No, I have a partner.

Four-Ball Partner's Name: _____

* Receive a \$25 discount if purchasing with any of the other 3 tournament events

<input type="checkbox"/> 9104 Scramble	\$200
<input type="checkbox"/> 9104 Scramble - Affiliate Member	\$300

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.

<input type="checkbox"/> 9301 Saturday Tournament Welcoming Reception	\$35
<input type="checkbox"/> 9302 Sunday 19th Hole Reception	\$35
<input type="checkbox"/> 9303 Monday 19th Hole Reception	\$35



golf industry show

SAN DIEGO 2019
 CONNECT. DISCOVER. ELEVATE.

(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				
10 AM				
12:30 PM				
2:30 PM				

Seminar Total \$ _____

*Calculate amount based on prices of 1st choices.

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

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.

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.

Protecting Your Privacy

GCSAA is dedicated to fully protecting their personal data received from our members and customers. To learn more about our information and data policies, please visit the following web pages.

PRIVACY POLICY: <https://www.gcsaa.org/privacy-statement>
 GDPR: <https://www.gcsaa.org/gdpr-and-gcsaa>

If you have any questions about these policies, please contact us.

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 a refund. A \$50 administrative fee will be assessed for any cancellations.

- TOURNAMENT Cancellation Deadline: **Jan. 3, 2019**
- CONFERENCE & SHOW Cancellation Deadline: **Jan. 18, 2019**

Payment Information

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