

## Section A: ATTENDEE INFORMATION Please type or print information as you want it to appear on your badge. Make copies for each additional attendee.

Name	Title
Organization	Facility Type: <input type="checkbox"/> Parks & Rec <input type="checkbox"/> Professional <input type="checkbox"/> K-12 <input type="checkbox"/> Higher Ed
Address	City/ST/Zip
Phone ( )	Email
Emergency Contact Name	Phone ( )

## Section B: REQUIRED INFORMATION Each question in this section must be answered. Your registration will not be processed if they are not completed.

Are you a first time attendee?  Yes  No

Are you a Member of an STMA International Affiliate Organization? (IOG, STA, etc)  Yes  No

Commercial exhibitors help to fund your conference experience. Please allow them the opportunity to email information to you about their show specials. This will be a one-time only pre-show email, and STMA will monitor compliance.

- Yes, I give permission for STMA to share my email for a 1x use. Please use this email \_\_\_\_\_  
 No, please do not share my email

### RSVP Required

Please indicate if you will be attending the following events (these events **are included** with the full conference registration):

- WED. Womens Forum Lunch**  Will Attend  Will Not Attend  
**THURS. Lunch & Annual Meeting**  Will Attend  Will Not Attend  
**FRI. Awards Banquet:**  Will Attend  Will Not Attend

## Section C: REGISTRATION OPTIONS

### Full Conference Registration

*Includes admission to all Education Sessions (except optional activities), Welcome Reception, Awards Banquet, Trade Show, and all meals provided during the conference.*

*New This Year! Full conference registrants receive FREE electronic access to all the education sessions recordings, a \$99 value!*

	Received: By 12/15/15	12/16/15 - 12/31/15	After 12/31/15
<input type="checkbox"/> STMA National Member	\$375	\$450	\$525
<input type="checkbox"/> Additional Member from Same Facility (must be submitted together)	\$325	\$400	\$475
<input type="checkbox"/> <b>New</b> STMA Member* (See requirements on next page)	FREE	FREE	FREE
<input type="checkbox"/> Non-Member (or Chapter only member)	\$485	\$560	\$635
<input type="checkbox"/> Student National Member ( <b>Student Challenge competitors must register online</b> )	\$100	\$125	\$200
<input type="checkbox"/> Student Non-Member (or Chapter only member)	\$125	\$150	\$225

### One Day Packages (choose up to two packages only):

- Wednesday  Thursday  Friday (Does not include Awards Banquet) \$140 each day \$140 each day

*Each day package includes all events for the day(s) chosen except for Optional Activities*

**Trade Show Only:** (Fees cover the cost of meals in the trade show area)  THURSDAY and/or  FRIDAY \$45 each day \$45 each day

## Section D: OPTIONAL ACTIVITIES Check all that apply - NOTE: These options are NOT included with your Full Conference Registration

	Received: By 12/15/15	After 12/15/15
<input type="checkbox"/> Full Day Seminar on Wheels: 7 am - 5 pm, Tues., January 19th	\$65	\$90
<input type="checkbox"/> SAFE Golf Tournament Individual: Tues., January 19th, 8:30 am - 5 pm	\$135	\$160
<input type="checkbox"/> SAFE Golf Tournament Foursome: Tues., January 19th, 8:30 am - 5 pm	\$540	\$640
<input type="checkbox"/> Rental Clubs (each set) _____ <b>MUST complete Section I</b>	\$40/set	\$55/set
<input type="checkbox"/> SAFE Night of Bowling Individual or Team: Tues., January 19th, 6-9 pm (See Section H) — <b>MUST complete Section H</b>	\$75 per bowler	\$100 per bowler
<input type="checkbox"/> Half Day Seminar on Wheels: Fri., January 22nd, 1 - 5 pm	\$35	\$60
<input type="checkbox"/> Additional Awards Banquet Tickets: Fri., January 22nd, 6:30 pm	\$75	\$100

Registration continued on other side. **MUST complete BOTH sides.**

Questions? Please call STMA at (800) 323-3875 or (785) 843-2549

## Section E: NON-INDUSTRY SPOUSE/COMPANION REGISTRATION

Registration must accompany a Full Conference Reg and are for Non-industry employed spouses, significant others, or companions.

Guest Name \_\_\_\_\_ Relationship to Registrant \_\_\_\_\_

Full Conference Registration (Events included in Full Conference Registration listed in C) \$140

Welcome Reception Only (Wed., January 20th) \$30

Trade Show Only  Thursday and/or  Friday \$30 each day

### RSVP Required

- Yes, I will attend the Women's Forum Lunch - Wed., January 20th, 12 - 2 pm
- Yes, I will attend the Awards Banquet - Fri., January 22nd (Included in Full Conference Guest Registration or ticket must be purchased see section D)

## Section F: ANNUAL RENEWALS

2016 National STMA Dues (Fill in amount) \$ \_\_\_\_\_

New Member STMA Dues (See highlighted box) \$ \_\_\_\_\_

2016 Chapter Dues (List chapter name & amount) \_\_\_\_\_ \$ \_\_\_\_\_

Annual CSFM Renewal Fee \$100 (Current CSFM Only) \$ \_\_\_\_\_

Charitable Contribution to the SAFE Foundation \$ \_\_\_\_\_

### 2016 National Dues:

Sports Turf Manager	\$110
Sports Turf Mgr Assoc.	\$75
Academic	\$95
Commercial	\$295
Commercial Associate	\$75
Affiliate	\$50
Retired	\$50
Student	\$25

Visit [www.stma.org/chapters](http://www.stma.org/chapters) for chapter dues amounts.

## Section G: COTS MEETING *You must be a Chapter Board member to attend.*

**NEW TIME! Fri., January 22nd, 3:15 - 5 pm**

I plan to attend the COTS Meeting  Yes  No

Chapter Name (or Forming Chapter) \_\_\_\_\_

## New Members\*

As a new member, you receive a FREE conference registration, value \$375, to be used within 3 years! Just indicate your status on the conference registration form. Did someone refer you to STMA? We would like to thank them, and reward them with an STMA \$100 voucher.

Person who referred you: \_\_\_\_\_

Facility name: \_\_\_\_\_

\*Not been an STMA national member since 2000. New student and affiliate memberships do not qualify for the free conference registration. However, all members are eligible to receive the \$100 voucher for referring a new qualifying member.

## Section H: SAFE NIGHT OF BOWLING

**Tues., January 19TH, 6 - 9 pm, Tavern Bowl**

Sign up as teams or an individual bowler.

- I am signing up as an individual Bowler: \_\_\_\_\_
- I am signing up as a team: \_\_\_\_\_

Bowler Name _____	Bowler Name _____
Bowler Name _____	Bowler Name _____
Bowler Name _____	Bowler Name _____

## Cancellation Policy

Cancellations must be in writing and received by Dec. 15, 2015. All written cancellations are subject to a \$50 processing fee. NO refunds will be issued on requests received after Dec. 15th. Refunds will be issued within 30 days after conference. Mail cancellations to: STMA, 805 New Hampshire, Ste E, Lawrence, KS, 66044 or fax to (785) 843-2977. If the conference & exhibition is cancelled for any cause beyond STMA's control, registration fees will be refunded at a pro rata basis based on the expenses incurred at the date of cancellation. STMA holds event cancellation insurance that will be used to provide the most equitable refunds possible. Refunds will NOT be provided to registrants who are unable to attend due to weather or other non-health related issues. If you have any reasonable accommodation, special needs or vegetarian meal requests, please contact STMA Headquarters by 12/31/15.

## Section I: SAFE GOLF TOURNAMENT

**Tues., January 19th, 8:30 am - 5 pm, Riverwal Golf Club**

Please indicate your handicap and the persons you would like to play with. **If you do not know or cannot estimate your handicap, you may indicate what your average score would be for 18 holes:**

Player 1 _____	Handicap _____
Player 2 _____	Handicap _____
Player 3 _____	Handicap _____
Player 4 _____	Handicap _____

If you are paying for rental clubs (\$40), please make your club selection here:

Men's \_\_\_\_\_ Women's \_\_\_\_\_ Left-handed \_\_\_\_\_ Right-handed \_\_\_\_\_

## Registration & Payment

**Register Online** at [STMA.org](http://STMA.org) – Get a receipt immediately!

**Mail it to:** Sports Turf Managers Association, PO Box 414029, Kansas City, MO 64141

**Fax it to:** (785) 843-2977

## PAYMENT OPTIONS: All sections must be completed, totaled and sent with payment for registration to be valid.

Subtotal Section C: Registration Options \$ \_\_\_\_\_

Subtotal Section D: Optional Activities \$ \_\_\_\_\_

Subtotal Section E: Spouse Registration \$ \_\_\_\_\_

Subtotal Section F: 2016 Renewals \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

Check  Purchase Order (must be received by 1-6-16) PO# \_\_\_\_\_

**Credit Card**  MC  Visa  AmEx  Discover

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Signature \_\_\_\_\_

Please email receipt to: \_\_\_\_\_