



Experts on the Field, Partners in the Game.

SHOW OFFICE: 28 PELHAM STREET, NEWPORT RI 02840
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25TH ANNUAL CONFERENCE & EXHIBITION, JAN. 20-24, 2014
EXHIBITION DATES: – JANUARY 23 & 24, 2014
HENRY B. GONZALEZ CONVENTION CENTER,
SAN ANTONIO, TX

SHOW INFORMATION SHOULD BE SENT TO:

COMPANY: _____
PERSON IN CHARGE OF SHOW: _____ TITLE: _____
STREET/PO. BOX: _____
CITY/STATE/ZIP: _____
TELEPHONE: (____) _____ FAX: (____) _____ E-MAIL: _____

Information To Print in Pre-Show/Show Program: CONTACT NAME: _____
WEB ADDRESS: _____ E-MAIL: _____

EXHIBIT SPACE PREFERENCE: Booth # 1st Choice _____ Booth # 2nd Choice _____ Assigned _____

Assigned on a priority point basis on January 18, 2013 After that date, on a first come, first served basis. Please indicate 1st choice, 2nd choice, etc. We will make every attempt to place you in or near your indicated preferences; however, please bear in mind that this is not always possible and Management reserves the right to move exhibitors if necessary to accommodate unforeseen circumstances.

PLEASE LIST YOUR PRIMARY PRODUCTS OR SERVICES: _____

PLEASE PROVIDE 2 SENTENCES DESCRIBING YOUR COMPANY THAT WILL BE PRINTED IN THE SPORTS TURF MAGAZINE PRE-SHOW PROGRAM: _____

Check here if description is same as 2013

PLEASE LIST ANY FIRM(S) YOU'D PREFER NOT TO BE ASSIGNED AN ADJACENT BOOTH: _____

EXHIBIT SPACE FEES

(See exhibit rules & regulations on 2nd page; and exhibit space layout at the Show)

All exhibit space for STMA members is \$13.50 (\$16.50 non-members) per square foot. Minimum booth size is 10' x 10' (100 square ft.)

Indicate desired dimension of exhibit space needed: _____ x _____ = _____ sq. ft. x _____ = \$ _____

Would you like to include your commercial membership with this payment? + \$295.00 \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

BILLING INFORMATION SHOULD BE SENT TO: *(If different than the contact & address above)*

COMPANY: _____
CONTACT: _____ TITLE: _____
STREET/PO. BOX: _____
CITY/STATE/ZIP: _____
TELEPHONE: (____) _____ FAX: (____) _____ E-MAIL: _____

I agree to follow the contract rules & regulations as outlined on the 2nd page.

Company Representative Signature

Title

Date

CHECKS PAYABLE To: Sports Turf Managers Association **MAIL To:** STMA, P.O. Box 414029, Kansas City, MO 64141

PAYMENT SCHEDULE/METHOD	FOR OFFICE USE ONLY
50% with this application \$ _____	Date Received: _____
Balance due no later than July 1, 2013. After July 1, payment in full must be received \$ _____	Space Assigned: _____
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover	Accepted by Show Management _____
Credit Card # _____ Exp. Date _____	Confirmation Sent _____
Security Code _____	