

## 2026 TURFGRASS CONFERENCE & TRADE SHOW

## **REGISTRATION FORM**

FEBRUARY 10-12, 2026 | HOLIDAY INN DES MOINES - AIRPORT | DES MOINES, IOWA

0	CONTACT INFORMATION Please print all information clearly and exactly as you wish it to appear on your name badge.  Email:						
Name:							
Company / Organization: Pho							
Addres	ss:						
Pestici	de Applicators License #						
<b>2</b> R	EGISTRATION Please choose your membership type, conference package,	and any ad	lditional opt	ions.			
	MEMBERSHIP □ Iowa GCSA □ ISFMA □ IPLCA	Students	Member Early Bird (Before 1/31/26)	Non-Member Early Bird (Before 1/31/26)	Onsite and After 1/31/26	Your Selections	
3-Day	☐ Full Conference Registration includes Education, Lunches, Trade Show and PAT	\$100	\$285	\$320	\$350	\$	
2-Day	☐ Tues & Wed Registration includes Education, Lunch and Trade Show ☐ Wed & Thurs Registration includes Education, Lunches, Trade Show and PAT	\$90 \$90	\$255 \$255	\$270 \$285	\$290 \$315	\$	
1-Day	□ Tuesday Registration includes Education □ Wednesday Registration includes Education, Lunch and Industry Reception □ Pesticide Applicator Training (PAT) ONLY	\$80 \$80 \$90	\$180 \$215 \$70	\$200 \$240 \$85	\$220 \$260 \$100	\$ \$ \$	
RSVP	<ul> <li>Wednesday Hotel Breakfast Available to registerants without a hotel reservation</li> <li>□ Thursday Hotel Breakfast Available to registerants without a hotel reservation</li> <li>***(Continental breakfast included with purchase of a hotel room)</li> <li>□ IPLCA Membership Social complimentary for IPLCA members, Tuesday, 6:00 PM</li> <li>□ Iowa GCSA Membership Social comp. for Iowa GCSA members, Tuesday, 5:00 PM</li> <li>□ ISFMA Membership Social complimentary for ISFMA members, Tuesday, 5:00 PM</li> <li>□ Spouse Registration complimentary Trade Show Only</li> <li>Name:</li> </ul>	\$15 \$15 \$0 \$0 \$0 \$0	\$15 \$15 \$0 \$0 \$0 \$0	\$15 \$15 \$0 \$0 \$0 \$0	\$15 \$15 \$0 \$0 \$0 \$0	\$ \$ \$ \$ \$	
					Total	\$	
<b>3</b> M	ETHOD OF PAYMENT   Check Enclosed OR   Visa   Mas	tercard I	□ America	n Express			
Card Number: Exp.		Date:	: CVV #:				
Name	on Card: Sign	ature:					

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