

# 2024 SUMMER FIELD DAY REGISTRATION FORM

SiteOne Landscape Supply, 1081 King St. Greenwich, CT  
Wednesday, July 24, 2024  
8:00am - 3:30pm

Please fill out the form, check appropriate boxes and compute your fee. Checks made payable to the Connecticut Nursery & Landscape Association. Please register through your company name and be sure to fill out your email address.

## **Registration Rates On or Before July 21, 2024:**

**Members:** \$90 | 3+ members: \$85 | Under 30: \$70

**Nonmembers:** \$120 | Registration + 2023-2024 Membership: \$175

## **Registration Rates on or After July 22, 2024:** +\$15

Registration fees include Education, Food/Beverage, Tours, Networking, and Plant ID Contest. You must be registered to participate in the tours.

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Attendee Names: (Print names as they should appear on badge. Include CANP designation. Check appropriate boxes.**

_____	<input type="checkbox"/> Single	<input type="checkbox"/> 3+	<input type="checkbox"/> Under 30	<input type="checkbox"/> Nonmember
_____	<input type="checkbox"/> Single	<input type="checkbox"/> 3+	<input type="checkbox"/> Under 30	<input type="checkbox"/> Nonmember
_____	<input type="checkbox"/> Single	<input type="checkbox"/> 3+	<input type="checkbox"/> Under 30	<input type="checkbox"/> Nonmember
_____	<input type="checkbox"/> Single	<input type="checkbox"/> 3+	<input type="checkbox"/> Under 30	<input type="checkbox"/> Nonmember
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_____	<input type="checkbox"/> Single	<input type="checkbox"/> 3+	<input type="checkbox"/> Under 30	<input type="checkbox"/> Nonmember
_____	<input type="checkbox"/> Single	<input type="checkbox"/> 3+	<input type="checkbox"/> Under 30	<input type="checkbox"/> Nonmember
_____	<input type="checkbox"/> Single	<input type="checkbox"/> 3+	<input type="checkbox"/> Under 30	<input type="checkbox"/> Nonmember

Total Registration Fee Enclosed: \$ \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

