

CITY OF RAPID CITY  
TRAVEL REQUEST

LF111307-17

Person requesting travel James J. Walraven Department Park/Rec - Golf

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)

Golf Course Superintendents Assn. Conference : Show

List all other City employees, if any, making the trip for the same purpose: Matt Brandhagen

Place of meeting or destination: Orlando, Florida

Date of meeting Jan 28 - Feb 2 2008

Date trip to begin Jan 27, 2008 Date trip will end Feb 2, 2008

Method of transportation requested Air Travel

Estimated transportation cost \$ 926.76

Meals 386.00

Lodging 7 days 6 nights days 1092.00

Other costs - description Conference Fees 575.00

Total estimated cost of trip \$ 2979.76

Signed [Signature] 10/31/07 <sup>22</sup> Date [Signature] 11-01-07  
(person requesting travel) (Department Head)

When the cost of the trip will exceed \$500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_  
Mayor

When the cost of the trip will exceed \$1,500, per employee, Council approval is required.

Approved by Common Council on \_\_\_\_\_ (Date)

White copy - Mayor                      Yellow copy - Finance                      Gold copy - Department copy

GOLF COURSE SUPERINTENDENTS ASSOCIATION OF AMERICA

# GCSAA EDUCATION CONFERENCE AND GOLF INDUSTRY SHOW



**GCSAA**

**ORLANDO, FLORIDA**  
**ORANGE COUNTY CONVENTION CENTER**  
**JAN 28 - FEB 2, 2008**



**golf industry show**

***Your Business.***  
***Your Industry.***  
***Your Show.***

[golfindustryshow.com](http://golfindustryshow.com)

A confirmation will be sent within 10 business days of receipt of complete registration

# REGISTRATION FORM A-1

▶ (Forms A-1, A-2 and A-3 must be submitted together)

# ORLANDO 2008

REGISTRATION

## How to Register

There are three easy ways to register for the conference:

- 1 Online at [golfindustryshow.com](http://golfindustryshow.com)
- 2 Fax completed registration forms with credit card payment information to **785.832.3628**
- 3 Mail completed registration forms with check, money order or credit card payment to: GCSAA Registration  
P.O. Box 219004  
Kansas City, MO 64121-9004

FOR OFFICIAL USE ONLY



## Registrant A Information

GCSAA Member Number (if applicable) 013397

James First Name J. Middle Initial

P.O. Box 2481 Home Address Street Address or PO Box  
Rapid City City S.D. State 57709 Zip

USA Country  
605 Telephone

j.j. walraven@rcgov.org Email

Kris Walraven Emergency Contact Name & Telephone Number 605 390-2808

Send credentials for this meeting to  Home  Business  
Send other mail from GCSAA to  Home  Business

Walraven Last Name

Meadowbrook G.C. Business Name

2330 Arrowhead Dr. Street Address or PO Box

Rapid City City S.D. State 57702 Zip

USA Country

(605) 394-4199 Telephone

(605) 394-6162 Fax

**JOB TITLE:** (Please check the category below that best describes your job title)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Golf Course Superintendent | <input type="checkbox"/> Distributor    |
| <input type="checkbox"/> Assistant GC Superintendent           | <input type="checkbox"/> Green Chairman |
| <input type="checkbox"/> Club/Course Owner/Operator            | <input type="checkbox"/> Student        |
| <input type="checkbox"/> Club President                        | <input type="checkbox"/> Media          |
| <input type="checkbox"/> Other Golf Course Management          | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Company Representative                |   |

- Check here if you **DO NOT** want to be listed in our online Attendee Directory  
 Check here if you are a first-time attendee  
 ADA assistance: Provide a letter indicating specific ADA requirements  
 GCSAA staff will contact you to discuss setting up services to accommodate your needs

## Registration Options

(Select only one of the following options)

	ADVANCE FEES Thru Jan 14, 2008, 5 pm CST	STANDARD FEES After Jan 14, 2008
<b>FULL CONFERENCE PACKAGES</b>		
<input checked="" type="checkbox"/> 1001 GCSAA Member	\$275	\$375
<input type="checkbox"/> 1002 Nonmember	\$400	\$500
<b>COMPLIMENTARY FULL CONFERENCE PACKAGES</b>		
<input type="checkbox"/> 1004 New Member (GCSAA will confirm)	Comp	Comp
<input type="checkbox"/> 1005 Student Member	Comp	Comp
<input type="checkbox"/> 1006 Retired/Educator Member	Comp	Comp
<input type="checkbox"/> 1007 Media	Comp	Comp
<b>SPECIAL REGISTRATION OPTIONS</b>		
<input type="checkbox"/> 1003 Course Management/Staff attending with superintendent*	\$275	\$375
<input type="checkbox"/> 1008 Golf Course Owner/Employer attending with superintendent*	\$175	\$175

\* If selecting 1005 or 1008, you must fill in the name and GCSAA member number of the superintendent with whom you are attending. The superintendent's registration form must be submitted at the same time as yours. See page 46 for details.

## Badge Information

Please print the following information as you wish it to appear on your badge

J. J. Nickname (First and last name will appear as it is in the Registrant Information section)  
Meadowbrook G.C. / City of Rapid City Course/Company Name  
Rapid City, S.D. City, State

SAMPLE BADGE



Golf Course Superintendent's Name

Member Number

### TRADE SHOW ONLY OPTIONS

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> 1009 Trade Show Only Pass            | \$175 | \$225 |
| <input type="checkbox"/> 1010 Distributor (see previous page) | \$175 | \$225 |

GIS

A confirmation will be sent within 30 business days of receipt of complete registration

# REGISTRATION FORM A-2

▶ (Forms A-1, A-2 and A-3 must be submitted together)

# ORLANDO 2008

REGISTRATION

## Registrant A Information

GCSAA Member Number (if applicable) 013397

James  
First Name

J.  
Middle Initial

Walraven  
Last Name

605 390-2462  
Daytime Telephone Number

## Demographics for Golf Course Management Professionals

- What is your highest level of involvement in the purchasing process of your facility?** (Check only one box)

  - Final decision-maker
  - Significant influence on final decision
  - Initial recommendation
  - Provide information/research on products
  - Not applicable
- Please indicate which products you are most interested in seeing at the show.** (Check all that apply)

  - Mowers/maintenance equipment
  - Chemicals
  - Seed/sod
  - Golf cars/turf utility vehicles
  - Facility management
  - Golf course accessories
  - Irrigation equipment and supplies
  - Other, please specify \_\_\_\_\_
- What are your business objectives for attending the Golf Industry Show?** (Check all that apply)

  - Seeking to purchase products
  - Collecting information for a specific project
  - Primarily visiting exhibits with new products
  - Not necessarily purchase, but personally connect with vendor reps
- Are you employed at a golf facility owned and/or operated by a management or maintenance company?**

Yes  No

If yes, please provide the name of the company \_\_\_\_\_
- Do you belong to either of the following organizations?** (Check all that apply)

  - National Golf Course Owners Association
  - Club Managers Association of America

## Seminar Selections

Write the codes for your selections from the Seminar Reference Guide (page 48) in the space provided. Because seminars tend to fill quickly, please select one 1st, 2nd and 3rd choice for each day you would like to attend

	1ST CHOICE	2ND CHOICE	3RD CHOICE	FEES*		1ST CHOICE	2ND CHOICE	3RD CHOICE	FEES*
<b>TWO-DAY</b> Mon & Tue	---	---	---	---	<b>HALF-DAY</b> Mon am	---	---	---	---
Wed & Thur	---	---	---	---	Mon pm	---	---	---	---
<b>ONE-AND A-HALF-DAY</b> Mon & Tue	---	---	---	---	Tue am	---	---	---	---
<b>ONE-DAY</b> Monday	---	---	---	---	Tue pm	---	---	---	---
Tuesday	<u>231-01</u>	<u>467-01</u>	<u>374-01</u>	<u>150.<sup>00</sup></u>	Wed am	---	---	---	---
Wednesday	---	---	---	---	Wed pm	---	---	---	---
Thursday	---	---	---	---	Thur pm	---	---	---	---
<b>SIX-HOUR</b> Monday	---	---	---	---	Fri am	---	---	---	---
Tuesday	---	---	---	---	Fri pm	---	---	---	---
Wednesday	---	---	---	---	Sat am	---	---	---	---
Thursday	---	---	---	---					

\* Calculate amount based on prices of 1st choices SEMINAR TOTAL \$ \_\_\_\_\_

## Other Educational Events

- 3102 GCSAA Integrated Pest Management (IPM) Exam** (see page 10 for details)  
1 pm, Friday, Feb 1 FEES \$ 40
- 4101 14th Annual Collegiate Turf Bowl Competition** (see page 9 for details)  
8 - 11:30 am, Friday, Feb 1 COMP
- 4102 Student/Superintendent Employment Fair and Networking Reception** (see page 10 for details)  
5 - 6 pm, Friday, Feb 1 COMP

EDUCATIONAL EVENT FEES TOTAL \$ \_\_\_\_\_

GIS