### Business & Industry

**My Primary Business at This Location Is:**

(A) Landscaping/Ground Care at one of the following types of facilities:

- 01 • 0005 Golf courses
- 02 • 0010 Sports Complexes
- 03 • 0015 Parks
- 04 • 0025 Schools, colleges, & universities
- 05 • Other type of facility (please specify)

(B) Contractors/Service Companies/Consultants:

- 06 • 0105 Landscape contractors (installation & maintenance)
- 07 • 0110 Lawn care service companies
- 08 • 0112 Custom chemical applicators
- 09 • 0135 Extension agents/consultants for horticulture
- 10 • Other contractor or service (please specify)

(C) Suppliers:

- 11 • 0205 Sod growers
- 12 • Other supplier (specify)

Which of the following best describes your title:

(mark only one)

- 13 • 10 EXECUTIVE/ADMINISTRATOR
- 14 • 20 MANAGER/SUPERINTENDENT
- 15 • 30 GOVERNMENT OFFICIAL
- 16 • 40 SPECIALIST
- 17 • 50 OTHER TITLED AND NON-TITLED PERSONNEL (specify)

I would like to receive (continue receiving) **LANDSCAPE MANAGEMENT** each month: YES • NO •

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**JUNE 1994**

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**1. BUSINESS & INDUSTRY**

**My primary business at this location is:**

(Please mark only one in either A, B or C)

- **A. Landscaping/Ground Care at one of the following types of facilities:**
  - 01 Golf courses
  - 02 Sports complexes
  - 03 Parks
  - 04 Schools, colleges, & universities
  - Other type of facility (please specify)

- **B. Contractors/Service Companies/Consultants:**
  - 06 Landscape contractors (installation & maintenance)
  - 07 Lawn care service companies
  - 09 Custom chemical applicators
  - 10 Extension agents/consultants for horticulture
  - Other contractor or service (please specify)

- **C. Suppliers:**
  - 11 Sod growers
  - Other supplier (specify)

Which of the following best describes your title:

(mark only one)

- 10 Executive/Administrator
- 20 Manager/Superintendent
- 30 Government Official
- 40 Specialist
- 50 Other titled and non-titled personnel (specify)

I would like to receive (continue receiving) LANDSCAPE MANAGEMENT each month: YES □ NO □

Date: Signature: __________

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