

# Receive FREE information on products and services advertised in this issue.

**LANDSCAPE**  
management

**NOVEMBER 1995**

*This card is void  
after January 15, 1996*

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

I would like to receive (continue receiving)

LANDSCAPE MANAGEMENT each month:  Yes  no

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. MY PRIMARY BUSINESS AT THIS LOCATION IS: (check only ONE in either A, B or C)

A. LANDSCAPING/GROUND CARE AT ONE OF THE FOLLOWING TYPES OF FACILITIES:

- |  |   |
|--|---|
| 0005 <input type="checkbox"/> Golf Courses   | 0040 <input type="checkbox"/> Private/Public Estates & Museums                            |
| 0010 <input type="checkbox"/> Sport Complexes  | 0045 <input type="checkbox"/> Condominiums/Apartments/Housing Developments/Hotels/Resorts |
| 0015 <input type="checkbox"/> Parks  | 0050 <input type="checkbox"/> Cemeteries/Memorial Gardens                                 |
| 0020 <input type="checkbox"/> Rights-Of-Way, Maintenance for<br>Highways/Railroads & Utilities | 0055 <input type="checkbox"/> Hospital/Health Care Institutions                           |
| 0025 <input type="checkbox"/> Schools, Colleges & Universities                                 | 0060 <input type="checkbox"/> Military Installations & Prisons                            |
| 0030 <input type="checkbox"/> Industrial & Office Parks/Plants                                 | 0065 <input type="checkbox"/> Airports  |
| 0035 <input type="checkbox"/> Shopping Centers, Plazas & Malls                                 | 0070 <input type="checkbox"/> Municipal Government/Municipal Facilities                   |
|  | <input type="checkbox"/> Other (please specify) _____                                     |

B. CONTRACTORS/SERVICE COMPANIES/CONSULTANTS:

- |  |   |
|--|---|
| 0105 <input type="checkbox"/> Landscape Contractors (Installation & Maintenance) | 0125 <input type="checkbox"/> Landscape Architects                          |
| 0110 <input type="checkbox"/> Lawn Care Service Companies                        | 0130 <input type="checkbox"/> Land Reclamation & Erosion Control            |
| 0112 <input type="checkbox"/> Custom Chemical Applicators (Ground & Air)         | 0135 <input type="checkbox"/> Extension Agents/Consultants for Horticulture |
| 0120 <input type="checkbox"/> Tree Service Companies/Arborists                   | 0140 <input type="checkbox"/> Irrigation Contractors                        |
|  | <input type="checkbox"/> Other Contractor or Service _____                  |

C. SUPPLIERS:

- 0210  Sod Growers, Turf Seed Growers & Nurseries  
0215  Dealers, Distributors, Formulators & Brokers  
0220  Manufacturers

2. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR TITLE? (check ONE only)

- 10  EXECUTIVE/ADMINISTRATOR: President, Owner, Partner, Director, General Manager, Chairman of the Board, Purchasing Agent, Director of Physical Plant  
20  MANAGER/SUPERINTENDENT: Arborist, Architect, Landscape/Ground Manager, Superintendent, Foreman, Supervisor  
30  GOVERNMENT OFFICIAL: Government Commissioner, Agent, Other Government Official  
40  SPECIALIST: Forester, Consultant, Agronomist, Pilot, Instructor, Researcher, Horticulturist, Certified Specialist  
50  OTHER TITLED AND NON-TITLED PERSONNEL: (please specify) \_\_\_\_\_

3. SERVICES PERFORMED: (check ALL that apply)

- |   |  |
|---|--|
| A <input type="checkbox"/> Mowing               | I <input type="checkbox"/> Landscape/Golf Design             |
| B <input type="checkbox"/> Turf Insect Control  | J <input type="checkbox"/> Turf Weed Control                 |
| C <input type="checkbox"/> Tree Care            | K <input type="checkbox"/> Paving, Deck & Patio Installation |
| D <input type="checkbox"/> Turf Aeration        | L <input type="checkbox"/> Pond/Lake Care                    |
| E <input type="checkbox"/> Irrigation Services  | M <input type="checkbox"/> Landscape Installation            |
| F <input type="checkbox"/> Turf Fertilization   | N <input type="checkbox"/> Snow Removal                      |
| G <input type="checkbox"/> Turf Disease Control | O <input type="checkbox"/> Other (please specify) _____      |
| H <input type="checkbox"/> Ornamental Care      |  |

4. WHAT IS YOUR ANNUAL BUDGET FOR EQUIPMENT, CHEMICALS, SUPPLIES? (please check one)

- 1  Less than \$50,000      4  \$250,001-\$500,000  
2  \$50,000-\$100,000      5  More than \$500,000  
3  \$100,001-\$250,000

101	119	137	155	173	191	209	227	245	263	281	299
102	120	138	156	174	192	210	228	246	264	282	300
103	121	139	157	175	193	211	229	247	265	283	301
104	122	140	158	176	194	212	230	248	266	284	302
105	123	141	159	177	195	213	231	249	267	285	303
106	124	142	160	178	196	214	232	250	268	286	304
107	125	143	161	179	197	215	233	251	269	287	305
108	126	144	162	180	198	216	234	252	270	288	306
109	127	145	163	181	199	217	235	253	271	289	307
110	128	146	164	182	200	218	236	254	272	290	308
111	129	147	165	183	201	219	237	255	273	291	309
112	130	148	166	184	202	220	238	256	274	292	310
113	131	149	167	185	203	221	239	257	275	293	311
114	132	150	168	186	204	222	240	258	276	294	312
115	133	151	169	187	205	223	241	259	277	295	313
116	134	152	170	188	206	224	242	260	278	296	314
117	135	153	171	189	207	225	243	261	279	297	315
118	136	154	172	190	208	226	244	262	280	298	316

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 950 PITTSFIELD MA

POSTAGE WILL BE PAID BY ADDRESSEE

**LANDSCAPE**  
management

ADVANSTAR COMMUNICATIONS INC  
PO BOX 5054  
PITTSFIELD MA 01203-9698

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES





Receive **FREE** information  
on products and services advertised in this issue.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 950 PITTSFIELD MA

POSTAGE WILL BE PAID BY ADDRESSEE

**LANDSCAPE**  
management

ADVANSTAR COMMUNICATIONS INC  
PO BOX 5054  
PITTSFIELD MA 01203-9698



**LANDSCAPE**  
management

**NOVEMBER 1995**

*This card is void  
after January 15, 1996*

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
**HAVE A SALES REP CALL ME 18  (A)**

**I would like to receive (continue receiving)**

**LANDSCAPE MANAGEMENT each month:**  Yes  no

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. MY PRIMARY BUSINESS AT THIS LOCATION IS: (check only ONE in either A, B or C)**

**A. LANDSCAPING/GROUND CARE AT ONE OF THE FOLLOWING TYPES OF FACILITIES:**

- |  |   |
|--|---|
| 0005 <input type="checkbox"/> Golf Courses   | 0040 <input type="checkbox"/> Private/Public Estates & Museums                            |
| 0010 <input type="checkbox"/> Sport Complexes  | 0045 <input type="checkbox"/> Condominiums/Apartments/Housing Developments/Hotels/Resorts |
| 0015 <input type="checkbox"/> Parks  | 0050 <input type="checkbox"/> Cemeteries/Memorial Gardens                                 |
| 0020 <input type="checkbox"/> Rights-Of-Way, Maintenance for<br>Highways Railroads & Utilities | 0055 <input type="checkbox"/> Hospital/Health Care Institutions                           |
| 0025 <input type="checkbox"/> Schools, Colleges & Universities                                 | 0060 <input type="checkbox"/> Military Installations & Prisons                            |
| 0030 <input type="checkbox"/> Industrial & Office Parks/Plants                                 | 0065 <input type="checkbox"/> Airports  |
| 0035 <input type="checkbox"/> Shopping Centers, Plazas & Malls                                 | 0070 <input type="checkbox"/> Municipal Government/Municipal Facilities                   |
|  | <input type="checkbox"/> Other (please specify) _____                                     |

**B. CONTRACTORS/SERVICE COMPANIES/CONSULTANTS:**

- |  |   |
|--|---|
| 0105 <input type="checkbox"/> Landscape Contractors (Installation & Maintenance) | 0125 <input type="checkbox"/> Landscape Architects                          |
| 0110 <input type="checkbox"/> Lawn Care Service Companies                        | 0130 <input type="checkbox"/> Land Reclamation & Erosion Control            |
| 0112 <input type="checkbox"/> Custom Chemical Applicators (Ground & Air)         | 0135 <input type="checkbox"/> Extension Agents/Consultants for Horticulture |
| 0120 <input type="checkbox"/> Tree Service Companies/Arborists                   | 0140 <input type="checkbox"/> Irrigation Contractors                        |
|  | <input type="checkbox"/> Other Contractor or Service _____                  |

**C. SUPPLIERS:**

- 0210  Sod Growers, Turf Seed Growers & Nurseries  
0215  Dealers, Distributors, Formulators & Brokers  
0220  Manufacturers

**2. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR TITLE? (check ONE only)**

- 10  EXECUTIVE/ADMINISTRATOR: President, Owner, Partner, Director, General Manager, Chairman of the Board, Purchasing Agent, Director of Physical Plant  
20  MANAGER/SUPERINTENDENT: Arborist, Architect, Landscape/Ground Manager, Superintendent, Foreman, Supervisor  
30  GOVERNMENT OFFICIAL: Government Commissioner, Agent, Other Government Official  
40  SPECIALIST: Forester, Consultant, Agronomist, Pilot, Instructor, Researcher, Horticulturist, Certified Specialist  
50  OTHER TITLED AND NON-TITLED PERSONNEL: (please specify) \_\_\_\_\_

**3. SERVICES PERFORMED: (check ALL that apply)**

- |   |  |
|---|--|
| A <input type="checkbox"/> Mowing               | I <input type="checkbox"/> Landscape/Golf Design             |
| B <input type="checkbox"/> Turf Insect Control  | J <input type="checkbox"/> Turf Weed Control                 |
| C <input type="checkbox"/> Tree Care            | K <input type="checkbox"/> Paving, Deck & Patio Installation |
| D <input type="checkbox"/> Turf Aeration        | L <input type="checkbox"/> Pond/Lake Care                    |
| E <input type="checkbox"/> Irrigation Services  | M <input type="checkbox"/> Landscape Installation            |
| F <input type="checkbox"/> Turf Fertilization   | N <input type="checkbox"/> Snow Removal                      |
| G <input type="checkbox"/> Turf Disease Control | O <input type="checkbox"/> Other (please specify) _____      |
| H <input type="checkbox"/> Ornamental Care      |  |

**4. WHAT IS YOUR ANNUAL BUDGET FOR EQUIPMENT, CHEMICALS, SUPPLIES? (please check one)**

- 1  Less than \$50,000      4  \$250,001-500,000  
2  \$50,000-\$100,000      5  More than \$500,000  
3  \$100,001-\$250,000

101	119	137	155	173	191	209	227	245	263	281	299
102	120	138	156	174	192	210	228	246	264	282	300
103	121	139	157	175	193	211	229	247	265	283	301
104	122	140	158	176	194	212	230	248	266	284	302
105	123	141	159	177	195	213	231	249	267	285	303
106	124	142	160	178	196	214	232	250	268	286	304
107	125	143	161	179	197	215	233	251	269	287	305
108	126	144	162	180	198	216	234	252	270	288	306
109	127	145	163	181	199	217	235	253	271	289	307
110	128	146	164	182	200	218	236	254	272	290	308
111	129	147	165	183	201	219	237	255	273	291	309
112	130	148	166	184	202	220	238	256	274	292	310
113	131	149	167	185	203	221	239	257	275	293	311
114	132	150	168	186	204	222	240	258	276	294	312
115	133	151	169	187	205	223	241	259	277	295	313
116	134	152	170	188	206	224	242	260	278	296	314
117	135	153	171	189	207	225	243	261	279	297	315
118	136	154	172	190	208	226	244	262	280	298	316



DURSBAN ELIMINATES 140  
INSECT PESTS BECAUSE ALL IT TAKES  
IS ONE TO BUG A CUSTOMER.



Most customers tend to overreact. Discover one lawn pest and they think they're infested. Never mind that most customers can't tell the difference between a sod webworm and a night crawler.

Keeping customers' lawns insect pest free is what Dursban\* insecticide is all about. Not only is it a dependable and economical broad spectrum insecticide,

but it has also been formulated to provide you an effective residual on most turfgrasses and ornamentals.

One thing for sure, use Dursban and customers won't be bugging you with their insect pest problems.

For further information on Dursban, or any other product in the extensive line of DowElanco products, give us a call at 1-800-352-6776. Always read and follow label directions.

 DowElanco

\*Trademark of DowElanco

 Dursban