2026 TEXAS CHRISTMAS TREE GROWERS ASSOCIATION

August 28 - 30, 2026, Hilton Garden Inn Temple Medical Center

ONLINE REGISTRATION NOW AVAILABLE Visit WWW.TEXASCHRISTMASTREES.COM

Farm Name to Appear on Badge (DBA) _____

Address:_____ City:_____ State: _____ Zip _____

County:_____ Phone (_____)_____ Cell: (_____)_____Fax (_____) _____

Email:_____ **Current Member: Yes____ No____ New Attendee: Yes_____ No____**

(VOTER NAME)_____

Will you be donating a prize for the live auction? Yes___ No___ Items:_____

Attendees	First Name:	Last Name:
First Registrant		
Second Registrant		
Third Registrant		
Fourth Registrant		

Registration Type Conference Registration Includes: Saturday classes, Sat. lunch, Sat. Happy hour, banquet and auction, Sunday Panel	Paid by 08/21/26 Early Bird Rates	On Site	Amount due
1) Registration for: TCTGA Member (1 PERSON) (All Conference Registration Benefits Listed Above)	$135	$160	$_____
2) Registration for: TCTGA Member (2 PEOPLE) (All Conference Registration Benefits Listed Above)	$250	$270	$_____
3) Registration for: TCTGA Member (3 PEOPLE) (All Conference Registration Benefits Listed Above)	$365	$405	$_____
4) Registration for: TCTGA Member (4 PEOPLE) (All Conference Registration Benefits Listed Above)	$490	$540	$_____
Non– Member TCTGA Registration: (Registration Categories (=) ____Participants) (All Conference Registration Benefits Listed Above)	$150 ea	$175 ea	$_____
Special Friday Growers Workshop: (Number of Attendees (=) ____ X) In this presentation we will be talking on everything in the business ranging from planting your trees to tree sales and everything in between.	$45 ea	$55 ea	$_____

Payment Information

TOTAL DUE: $_____

Check , Money Order, Mail, email

Fax this registration form to 254-613-9099 or Email this to sawmhq@gmail.com

Mail your Check payable to: TCTGA, 2202 S. 51st Street, Temple, TX 76504

Questions... Please Call: TCTGA Headquarters 512-850-0365

Payment MUST be received 7 business days prior to meeting to avoid the $50 late fee.

Check One: □ **Visa** □ **MasterCard** □ **Discover** □ **American Express**

Card Number:_____ Expiration Date:_____ Total Amount: $_____

Name on Card (please print): _____ Signature:_____

Billing Address: _____City:_____ Zip_____

Refund Policy: **All cancellation notices must be made in writing by 8/21/2026 and a $25 administrative fee will be charged. No refunds after August 21, 2026.**

Privacy Policy: All Credit Card Information is kept confidential