TURFGRASS WORKSHOP

WHERE: McCoy Pavilion – Ala Moana Beach Park

ON: Friday, May 25, 2012

TIME: 7:30 AM to 4:30 PM

CEU CREDITS AVAILABLE: (all credits are subject to final confirmation)
CLT 6.5 credits
Arborist 2.5 credits
Pesticide 3.5 credits
GCSAA .7 credit

7:30 am Registration

8:00-9:45 Allan Schildknecht, Irrigation Consultant
EPA WaterSense Partner, Irrigation Hawaii, LTD.

Subject: Irrigation Management for Optimum Turf Grow-in and Maintenance
Plant-Water-Soil Demands
Evapotranspiration Factors and Calculations
Sprinkler Precipitation Rates and Efficiencies
When to Maintain Field Saturation
When to reduce your watering
How low can you go?

9:45–10:00 Break

10:00–12 noon Dr. Joe DeFrank
University of Hawaii, Dept. of Tropical Plant and Soil Science

Total CEUs: 2.0

Subjects: “Weed control recommendations - home turf, landscapes and gardens”

- Web based resources for weed ID and control recommendations. Hand out will be provided.
- Common grass and broadleaf weed ID for Hawaiian Turf.
- ID and control options for common weeds of turf and landscapes. Considerations for purple nutsedge control for turf and garden beds. Nutsedge biology and how it relates to preplant control approaches for ornamental and home garden beds.
12:00-1:00 Lunch – plate lunch and beverages will be provided

1:00-4:30 Rey Ito
Owner, The Green Doctor of Hawaii

Total CEUs: 1.5

Subjects: Proper mowing heights and types of equipment for grasses commonly used.

- Mowing.
- Fertilization.
- Insect and disease ID/Management.
- Accurate application of pesticides/fertilizers.

Hands-on demonstration and spraying techniques.

Deadline to register is May 22, 2012.

COST: $65 per person for Members of HLICA & LICH
$75 per person for Non-Members and Late Registration.

For more information, contact Madeleine Shaw at 946-7055.
To register, please complete the form below.
You can either: Fax the completed form to (808) 943-1689
Mail to HLICA with your check to P.O. Box 88416, Honolulu HI 96830
Email to shawmadeleine@yahoo.com

Name: ___________________________ Phone: ______________________

Name: ___________________________ Phone: ______________________

Name: ___________________________ Phone: ______________________

Company: ________________________ Cell: ________________________

Address: ____________________________

Pay by Credit Card No. ___________________________ VISA or MC Total $____________

Name on card ___________________________ Exp. Date ____________

Note: Credit card charges will be processed through LICH, or mail in your check with the application form to the above address.