

2006 IR-4 Ornamental Horticulture Survey

Thank you for taking the time to participate in IR-4's 2006 Ornamental Horticulture Survey. Your answers will help us determine our research priorities for 2007. Please respond as completely as possible to the questions.

1. Please fill out your name and address below:

Name: _____
 Affiliation: _____
 Address: _____
 Address Line 2: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____
 Email Address: _____

2. Check one:

_____ Grower (Greenhouse and/or Nursery) _____ Cooperative Extension
 _____ Landscape Care Professional _____ Allied Industry Member
 _____ University or USDA Researcher

3. Check all that apply:

_____ Greenhouse	_____ Organic	_____ Potted Plants
_____ Nursery	_____ IPM	_____ Cut Flowers
_____ Landscape	_____ Interior-scape	_____ Bedding
_____ Perennials	_____ Christmas Trees	_____ Trees/Shrubs
_____ Biennials	_____ Annuals	_____ Traditional Chemical Control

4a. Please identify the **need for new products** by importance to your operation. *Check appropriate box.*

	high importance	somewhat high importance	medium importance	somewhat low importance	low importance
Herbicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insecticide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fungicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant Growth Regulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nematicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued on back

4b. Please identify the **need for label expansions** by importance to your operation. *Check appropriate box.*

Herbicide	high importance <input type="checkbox"/>	somewhat high importance <input type="checkbox"/>	medium importance <input type="checkbox"/>	somewhat low importance <input type="checkbox"/>	low importance <input type="checkbox"/>
Insecticide	high importance <input type="checkbox"/>	somewhat high importance <input type="checkbox"/>	medium importance <input type="checkbox"/>	somewhat low importance <input type="checkbox"/>	low importance <input type="checkbox"/>
Fungicide	high importance <input type="checkbox"/>	somewhat high importance <input type="checkbox"/>	medium importance <input type="checkbox"/>	somewhat low importance <input type="checkbox"/>	low importance <input type="checkbox"/>
Plant Growth Regulator	high importance <input type="checkbox"/>	somewhat high importance <input type="checkbox"/>	medium importance <input type="checkbox"/>	somewhat low importance <input type="checkbox"/>	low importance <input type="checkbox"/>

4c. Please identify the **need for more phytotoxicity information** by importance to your operation. *Check appropriate box.*

Herbicide	high importance <input type="checkbox"/>	somewhat high importance <input type="checkbox"/>	medium importance <input type="checkbox"/>	somewhat low importance <input type="checkbox"/>	low importance <input type="checkbox"/>
Insecticide	high importance <input type="checkbox"/>	somewhat high importance <input type="checkbox"/>	medium importance <input type="checkbox"/>	somewhat low importance <input type="checkbox"/>	low importance <input type="checkbox"/>
Fungicide	high importance <input type="checkbox"/>	somewhat high importance <input type="checkbox"/>	medium importance <input type="checkbox"/>	somewhat low importance <input type="checkbox"/>	low importance <input type="checkbox"/>
Plant Growth Regulator	high importance <input type="checkbox"/>	somewhat high importance <input type="checkbox"/>	medium importance <input type="checkbox"/>	somewhat low importance <input type="checkbox"/>	low importance <input type="checkbox"/>

5a. What are your top three disease problems where you have limited product choices?

- 1 _____
- 2 _____
- 3 _____

5b. What are your top three insect problems where you have limited product choices?

- 1 _____
- 2 _____
- 3 _____

5c. What are your top three weed problems where you have limited product choices?

- 1 _____
- 2 _____
- 3 _____

Please return survey
by mail or fax to:
IR-4 Ornamental Horticulture
Manager, Cristi Palmer
681 US Hwy 1 South
North Brunswick, NJ 08902
tel: 732.932.9575 x 629
fax: 732.932.8481

*Thank
You!*