

# School Nutrition Association of NC Annual Conference Individual Registration Application

## June 21 - 22, 2017 • Greensboro, Koury Convention Center

1. Please complete the information below. Please print or type:

Membership Number: \_\_\_\_\_ (Find on your membership card)

Circle Title:  Assistant  Asst. Manager  Manager  Supervisor  Director  Guest  Other \_\_\_\_\_ List Title

First name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ School System: \_\_\_\_\_

Email: \_\_\_\_\_

2. Early Bird Registration forms (with payment) postmarked on or before May 22, 2017

Regular Rate: Registration forms (with payment) postmarked on or after May 23, 2017 and on-site.

Register for the package or events you would like to attend. No Refunds.

	Early Bird	Regular	
Total Package Conference Registration	Member	Member	Non-member
Includes Trade Show, All General Sessions	_____ \$135.00	_____ \$160.00	_____ \$275.00
Educational Mini Sessions and Banquet			
<b>NOTE: The Banquet is included in the total package but you MUST check the banquet to get a ticket to attend.</b>			
Will you attend the Banquet? Yes _____ No _____	Special Meal Requirements: _____ <small>(Vegetarian or Gluten Free Only)</small>		
<b>OR</b>			
Daily Registration Fees	Member	Member	Non-member
Trade Show Only (Wednesday)*	_____ \$ 50.00	_____ \$60.00	_____ \$100.00
* (Trade Show is included with all other registrations. This badge only permits entrance to Trade Show.)			
<b>One Day Only (Check which day you will attend)</b>			
<input type="checkbox"/> Wednesday Only * Does not include meals	_____ \$60.00	_____ \$75.00	_____ \$125.00
<input type="checkbox"/> Thursday Only * Does not include meals	_____ \$60.00	_____ \$75.00	_____ \$125.00
<b>Extras Not included in Package or Daily Registration Fees</b>			
President's Luncheon (Thursday)	_____ \$30.00	_____ \$35.00	_____ \$45.00
Guest Banquet Tickets (Thursday Night)	_____ \$45.00	_____ \$50.00	_____ \$50.00
Chapter Leadership Conference (June 20, 2017)	_____ \$50.00	_____ \$50.00	_____ \$75.00
Wellness Walk (Wednesday 6:30 am - 7:30 am)	_____ \$5.00	_____ \$5.00	_____ \$5.00
T-Shirt Size _____			
<b>TOTAL ENCLOSED</b>	\$ _____	\$ _____	\$ _____

Please answer the following questions:

1. Is this your first Annual SNA-NC Conference? \_\_\_\_\_ Yes
2. Are you the Chapter President? \_\_\_\_\_ Yes

Mail form and check or money order (Do not send cash) by June 7, 2017 to:  
SNA-NC, 2165 Barrowcliffe Dr. NW, Concord, NC 28027  
(Payment MUST Accompany Registration)

Make checks payable to: School Nutrition Association of NC (No refunds)

REGISTER ON-SITE AFTER JUNE 7, 2017

Credit Card Payment: (Please circle one)    MASTERCARD    VISA

Print Name on Card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_ 3 Digit Code on back of Card \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_