SNA Arrow 4.2.16:Layout 1 4/2/16 4:43 PM Page 35

School Nutrition Association of NC Annual Conference Individual Registration Application

June 15 - 16, 2016 • 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 13, 2016.

Regular Rate: Registration forms (with payment) postmarked on or after May 14, 2016 and on-site.

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

	Early Bird Member	Regular Member	Non-member
Total Package Conference Registration			
Includes Trade Show, All General Sessions	____$135.00	____$160.00	____$275.00
Educational Mini Sessions and Banquet			

NOTE: The Banquet is included in the total package but you MUST check the banquet to get a ticket to attend.

Will you attend the Banquet? Yes ____ No ____ Special Meal Requirements: _____ (Vegetarian or Gluten Free Only)

OR

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.)

One Day Only (Check which day you will attend)

☐ Wednesday Only * Does not include meals	____ $60.00	____ $75.00	____ $125.00
☐ Thursday Only * Does not include meals	____ $60.00	____ $75.00	____ $125.00

Extras Not included in Package or Daily Registration Fees

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 14, 2016)	____ $50.00	____ $50.00	____ $75.00
Wellness Walk (Wednesday 6:30 am - 7:30 am)	____ $5.00	____ $5.00	____ $5.00

T-Shirt Size _____

TOTAL ENCLOSED $_____ $_____ $_____

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 May 27, 2016 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 MAY 27, 2016

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: _____