

School Nutrition Association of NC Annual Conference Individual Registration Application
June 20 - 21, 2018 • 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 21, 2018.

	EARLY BIRD	REGULAR	
Total Package Conference Registration	Member	Member	Non-member
Includes Trade Show, All General Sessions, Educational Mini Sessions and Banquet	_____ \$135.00	_____ \$160.00	_____ \$275.00

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 registration. This badge only permits entrance to Trade Show.)			
ONE DAY ONLY (Check which day you will attend)			
<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
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 19, 2018)	_____ \$50.00	_____ \$50.00	_____ \$75.00
Wellness Walk (Wednesday 6:30 am - 7:30 am)	_____ \$5.00	_____ \$5.00	_____ \$5.00
T-Shirt Size _____ (For Walk Registrants ONLY)			
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 June 6, 2018 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 6, 2018

Credit Card Payment: (Please circle one) MASTERCARD VISA AMEX

PRINT Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Security Code on Card: _____

Billing Address: _____

Email Address for Receipt: _____

NOTE: For every 5 paid Total Package registrations, you will receive 1 free Total Package registration. Please complete a form and mark free registration on it. The free registration form must accompany the 5 paid forms from the same school system.