



# ANC 2016 ONSITE REGISTRATION FORM



IS THIS YOUR FIRST ANC?  YES  NO ARE YOU A NEW DIRECTOR (3 years or less)?  YES  NO  
 UPDATE CONTACT INFORMATION (PLEASE PRINT CLEARLY.)

## TO REGISTER:

Complete registration form and payment information and turn into SNA Registration Desk. Be sure to include the attendee's name on the check stub or Purchase Order for proper payment.

Attendance at ANC constitutes an agreement by the registrant for SNA to use photos, video and audio tapes taken during the conference.

For current information visit [www.schoolnutrition.org](http://www.schoolnutrition.org) or call (800) 877-8822.

|  |     |  |                               |
|--|-----|--|-------------------------------|
| Membership No.   |     | Preferred Name on Badge  |                               |
| First  |     | Last   |                               |
| Title (and/or Designation)                                 |     |  |                               |
| School/District/Company/Organization (no acronyms, please) |     |  |                               |
| Mailing Address  |     |  |                               |
| City   |     | State  | Zip                           |
| Business Phone/Other                                       | Ext | FAX  | Onsite Contact # (cell phone) |
| Email  |     | <input type="checkbox"/> Please check here if you wish to opt out of our published attendee list.) |                               |

## FULL REGISTRANTS:

You **MUST** check **ALL** of the event(s) you plan to attend in all the sections below, so SNA can guarantee space.

- STEPS WELLNESS EVENT
- FINAL EVENT CONCERT

### IMPORTANT:

SNA's Annual National Conference and exhibit hall are open only to professionals (current/retired) servicing school nutrition programs in the K-12 and post-secondary markets, industry representatives servicing those markets, and professionals administering child nutrition programs at the state and federal level. Registration is required for admittance. SNA reserves the right to exclude any unauthorized persons from the conference facilities, meeting rooms and exhibit hall. By submitting this registration form, I hereby certify that I am a school nutrition professional or school nutrition industry representative.

## A. REGISTRATION FEES: (PLEASE CIRCLE ONE) Onsite Rate—OS (rec'd after 6/3)

|  |                    |
|--|--------------------|
| FS Member DDS/MCD/SDS/EDU .....                  | <b>OS</b><br>\$535 |
| Add'l from same district & member category ..... | \$505              |
| Name of first person from school district: _____ |                    |
| FS Member SNM/SNE .....                          | \$395              |
| Add'l from same district & member category ..... | \$365              |
| Name of first person from school district: _____ |                    |
| FS Member RET* .....                             | \$450              |
| FS Member/STU** .....                            | \$200              |
| FS/SNA Nonmember .....                           | \$620              |
| Industry Member.....                             | \$645              |
| Industry/SNA Nonmember.....                      | \$905              |
| Government Rate (Federal & State only) .....     | \$535              |
| Family (adult).....                              | \$445              |

**NOTE:**  
 SNA is committed to ensuring that its meetings are accessible for all attendees. If you need accommodations to fully participate in the meeting, including dietary requirements, please speak with a SNA staff person at the Registration Desk.

### SECTION "A" TOTAL \$ \_\_\_\_\_

\*Must have a current Retired Membership to receive this rate. \*\* Valid college ID must accompany Registration Form.

## B. SPECIAL FUNCTIONS ONLY (PURCHASES):

All attendees and guests must purchase tickets to the following special functions. You MUST check the event(s) you plan to attend, so SNA can guarantee space for these events. Capacities may be limited and onsite availability is NOT guaranteed.

- Chapter Leadership Day, Sat., 7/9 \_\_\_\_\_ No. x \$25 each = \$ \_\_\_\_\_
- EXTRA Final Event ticket(s), Wed., 7/13 \_\_\_\_\_ No. x \$125 each = \$ \_\_\_\_\_

### SECTION "B" TOTAL \$ \_\_\_\_\_

## C. PRE-CONFERENCE SESSIONS (Sat. 7/9):

Pre-registration is required. Sessions may be canceled if not full. If canceled, registrants will be offered alternate courses or receive a full refund by mail after the conference concludes. Check session(s) you plan to attend.

- What's Shaking in Your School's Kitchen? Boost Flavor with Less Sodium, 8am-12pm, \$99
- Develop a Wellness Policy That Works, 8am-12pm, \$99
- Supervisory Skill Development for Managers, 8am-5pm, \$150
- BEGINNER@SocialMedia #Bootcamp 4 Marketing Success, 8am-12pm, \$99
- State Agency, Procurement Tools & Food Svc Contracts, 8:30am-4:30pm, \$99
- ADVANCED @SocialMedia #Bootcamp 4 Marketing Success, 1-5pm, \$99
- Industry, The "REAL DEAL" - Let's Talk, 1-5pm, \$99
- Become a Confident Professional, 1-5pm, \$99
- Training Your Palate: Discover the Power of Flavor, 1:30-4:30pm, \$175
- Nutrition 101, 8am-5pm, **SOLD OUT** \$99
- Food Safety in Schools (en Español), 8am-5pm, **COMPLIMENTARY**

### SECTION "C" TOTAL \$ \_\_\_\_\_

## REGISTRATION PAYMENT:

1. CHECK enclosed, payable to SNA: (ck# \_\_\_\_\_)
2. PURCHASE ORDER enclosed: (PO# \_\_\_\_\_)  
**TOTAL: \$ \_\_\_\_\_ (A+B+C)**

3. CREDIT CARD\*  VISA  AMEX  MasterCard  Discover
- CREDIT CARD TOTAL:**

\$ \_\_\_\_\_ **(Totals from all sections)**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

City/State/ZIP (as on billing statement) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name on Card \_\_\_\_\_

(\*Credit card orders cannot be processed unless all information is completed.)