



SNA VIRTUAL EXHIBITOR REGISTRATION FORM

Please return this form with payment to:

Nicolette Daleske, Business Development Manager at ndaleske@schoolnutrition.org

NOTE: You MUST be exhibiting at ANC19 in St Louis to exhibit in the 2019 Virtual Expo.

EXHIBITOR INFORMATION

Company Name	
Street Address	
City, State, Zip	
Contact	Title
Phone	Email

PAYMENT INFORMATION

Virtual Expo Booth <input type="checkbox"/> \$1,800 Booth Creation Support <input type="checkbox"/> \$ 300 <i>(Too busy to upload your materials? Let our team help!)</i> <input type="checkbox"/> Check enclosed <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Invoice my company	
Card Number	CV Code
Cardholder's Name	Exp. Date
Signature	Total Due

General Terms: I understand that this application becomes a contract when signed and accepted by SNA. I agree to pay 100% of the total amount due today, unless I request to be invoiced. I understand that all balances must be paid in full within 30 days of invoice receipt.

Cancellation Policy: Cancellations must be received in writing. No refund will be given after November 30, 2018.

Contract and payment must be received by December 14, 2018 to participate.