



SNA VIRTUAL EXHIBITOR REGISTRATION FORM

Please return this form with payment to:
School Nutrition Association | 120 Waterfront St, Suite 300 | National Harbor, MD 20745
or email completed form to Nicolette Daleske at ndaleske@schoolnutrition.org

BOOTH INFORMATION

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

PAYMENT INFORMATION

Virtual Tradeshow Booth <input type="checkbox"/> \$1,800	
<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	

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 October 13, 2017.

Contract and payment must be received by November 30, 2017 to participate.