



## NATIONAL LEADERSHIP CONFERENCE & COMMITTEE MEETINGS REGISTRATION FORM April 23 – 25, 2015 ♦ San Diego, CA

*Please use one form per person*

Membership Number \_\_\_\_\_ Preferred Name on Badge \_\_\_\_\_

Name \_\_\_\_\_

Title (and/or Designation) \_\_\_\_\_

Company/School District/Organization (no acronyms, please) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Please check to remove information from attendee list

**Please check the appropriate box:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 2015-16 State President     | <input type="checkbox"/> 2015-16 State President-elect | <input type="checkbox"/> 2015-16 State Vice President |
| <input type="checkbox"/> State Association Executive | <input type="checkbox"/> State Membership Chair        | <input type="checkbox"/> Future Leader                |
| <input type="checkbox"/> Patron                      | <input type="checkbox"/> Industry                      | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> National Past President     | <input type="checkbox"/> First Timer                   |   |

**SNA is committed to making all meeting activities accessible to all attendees. For special needs, including dietary and handicap please email [meetings@schoolnutrition.org](mailto:meetings@schoolnutrition.org)**

Please read the entire form carefully and send with your payment information to:

**SNA**  
**P. O. Box 759297**  
**Baltimore, MD 21275-9297**  
**Fax: (301) 686-3115**  
**E-mail: [meetings@schoolnutrition.org](mailto:meetings@schoolnutrition.org)**

**REGISTRATION OPTIONS:**

**\*\*\*ONLY CHOOSE ONE\*\*\***

- FAX** Registration Form with payment information to SNA at (301) 686-3115. **(CREDIT CARD/PO's ONLY)**
- MAIL** Registration Form with payment information to SNA.
  - MasterCard     VISA     American Express
  - Discover     Purchase Order # \_\_\_\_\_
  - Check enclosed, payable to SNA # \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Street Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

**Note: All cancellations must be made in writing & received by April 10. We must assess a \$75 administrative fee on all cancellations. No refunds will be made after April 23or for NO SHOWS.**

**REGISTRATION FEES:**

**Early Bird Rate – EB (received on or before 3/20)**

**Regular Rate – RR (received after 3/20 or before 4/10)**

**On-Site Rate – OS (received after 4/10)**

	EB	RR	OS
<input type="checkbox"/> <b>NLC</b>	<b>\$350</b>	<b>\$395</b>	<b>\$420</b>
<input type="checkbox"/> <b>Future Leaders</b>	<b>\$350</b>	<b>\$395</b>	<b>\$420</b>
<input type="checkbox"/> <b>Industry</b>	<b>\$520</b>	<b>\$545</b>	<b>\$570</b>

**PRE-CON SESSION:** Wednesday, April 22/ 1:30 am – 5:30 pm,  
 Thursday, April 23/ 8:00 AM – Noon (8 CEUs, Key Area 3 –  
Must attend both days)

**Preparing for your Presidency: \$99**

**PRE-CON SESSION:** Thursday, April 23/8:00 AM – Noon  
 (4 CEUs, Key Area 3)

**Managing Association Finances: \$50**