INNOVATIVE SOLUTIONS SHOWCASE APPLICATION

Are you looking for ways to showcase your product, service, technology or piece of equipment to Directors and decision-makers in the K-12 school nutrition industry? If so, you will not want to miss this opportunity to participate in SNA’s second round of Innovation Solutions Showcase. Our first set of sessions were offered during the months of August – October 2020, a total of 30 companies presented a session and over 1,500 operators registered and found each presentation valuable.

The Innovative Solutions Showcase will be like the Innovative Solution Sessions we offer at SNIC; however, these will be offered virtually on the Zoom Meetings Platform. Interested companies can purchase an opportunity on a specific day in which you will demonstrate or discuss your product, service, technology or specific piece of equipment. Presentations will be recorded and posted to the SNA website. A dedicated webpage to include all 2020 presentations for SNA members can also be viewed on-demand.

1. SESSION FORMAT & ELIGIBILITY:
   A. Six (6) Innovation Solutions Showcases are available on first come-first served basis each week. The first week will begin on February 16, 2021 and will continue to run through the end of March, every Monday and Tuesday from 3:00-5:00pm EST.
   B. Each company will present to the audience one at a time and will have 30 minutes in length to present. This length also include time for networking/questions and answers. Recommend presentation to be 20-25 minutes in length to allocate timing for Q&A.
   C. A mandatory check-in meeting with be required one week prior to your scheduled session and must include all presenters. SNA will arrange and send all logistical details prior to be prepared.
   D. SNA must receive a completed application and payment in the amount $4,000 to reserve a session for your company.
   E. Your company must have a SNA Industry Membership to present a session.

2. COMPANY INFORMATION:

Company Name: ________________________________________________________________

Street Address: ________________________________________________________________

City, State, ZIP: ______________________________________________________________

Main Contact: ________________________________________________________________

Telephone: ___________________________ Email: ________________________________

Social Media: Instagram: _____________ Facebook: ________________________ Twitter: ________________
3. **SHOWCASE TIME SLOTS (PLEASE SELECT ONE OR MORE):** Six (6) Innovation Solutions Showcases are available on first come-first served basis each week. The first week will begin on February 16, 2021 and will continue to run through the end of March, every Monday and Tuesday from 3:00-5:00pm EST.

- Tuesday, February 16
- Monday, February 22
- Tuesday, February 23
- Monday, March 1
- Tuesday, March 2
- Monday, March 15
- Tuesday, March 16
- Monday, March 22
- Tuesday, March 23
- Monday, March 29
- Tuesday, March 30

4. **INNOVATIVE SOLUTIONS SHOWCASE DESCRIPTION: (75-WORD MAXIMUM)**
A session description must be submitted for internal review. Your description should consist of no more than 75-words maximum that describes your products/services and plans for your session. The description will be published on the SNA website and may be edited or shortened at SNA’s discretion.

5. **CANCELLATIONS:**
All cancellations must be made in writing to SNA Business Development & Meetings Center at meetings@schoolnutrition.org. If notice of cancellation is received prior to February 16, 2021 a refund less 25% of the total amount will be issued. **Please note that after February 16, 2021, NO REFUNDS WILL BE ISSUED on cancelled sessions.**

6. **PAYMENT INFORMATION:**
   a. CHECK enclosed, payable to SNA: (ck#____________________)
   b. CREDIT CARD: q VISA q AMEX q MasterCard q Discover

Card Number: ___________________________ Exp. Date: _______________________

Billing Address (if different than above): ____________________________________________

City/State/Zip (as on billing statement): ____________________________________________

Cardholder’s Name: ______________________________________________________________

Authorized Signature: _____________________________________________________________

Return signed application and payment to:
Attn: Crystal Harper-Pierre at charper@schoolnutrition.org
   P: (703) 824-3040 or F: (703) 824-3015
   OR
Attn: Nita Artis at nartis@schoolnutrition.org
   P: (703) 824-3073 or F: (703) 824-3015

Mail check payments to:
School Nutrition Association | 2900 S. Quincy Street Suite 700 | Arlington, Virginia 22206
Attention: Finance/Accounting