

Early Bird Deadline: June 30, 2016

2016 WSNA ANNUAL STATE CONFERENCE REGISTRATION
 August 1-3 ~ Doubletree Spokane City Center Hotel ~ Spokane, Washington

Membership No. _____ Preferred Name on Badge _____

 First _____ Last _____
 Mailing Address _____

 City _____ State _____ ZIP _____
 Telephone _____ Email Address _____
 School District (REQUIRED) _____
 Chapter Name/Number _____ Area _____

A. Registration Fees:

Early Bird Rate-EB (postmarked by 6/30/16); Regular Rate-RR(postmarked after 6/30/16 or at conference.)

Please circle one:	EB	RR
Conference Registration:		
Member	\$120	\$145
Non-member	\$235	\$260

Section "A" Total \$ _____

*Conference Registration includes admission to all breakfasts, Annual Meeting Luncheon, Night of Entertainment & President's Banquet.

Please note that online registration is available. To register online, go to www.washingtonsna.org and click on the link for online registration. Other registration methods are described under "Ways to Register."

B. Pre-Conference & Conference Training Classes (See p. 6 for descriptions)

Pre-registration is required. Sessions will be canceled if a minimum of 20 are not registered by July 10. If canceled, registrants will receive a full refund by mail after the conference. Class sizes are limited; check the session(s) for which you wish to register. (See page 6 for descriptions.)

- Food Safety in Schools (formerly Serving It Safe) (8 credits), July 31 \$40
 - Financial Management for Directors, (8 credits), July 31 \$40
 - **Nutrition 101, (8 credits), 8/1 & 8/2
- **Must pre-register even though there is no additional charge. \$ 0

Section "B" Total \$ _____

C. Extra Meals Only (Purchases)

If you wish to order additional meal tickets for guests, please indicate below. Remember that all events listed below are included in the price of your conference registration. This section is for extra tickets ONLY.

- Monday Breakfast, 8/1 _____ No.@ \$25 each = \$ _____
- Annual Meeting Luncheon, 8/1 _____ No.@ \$30 each = \$ _____
- Night of Entertainment, 8/1 _____ No.@ \$20 each = \$ _____
- Tuesday Breakfast, 8/2 _____ No.@ \$25 each = \$ _____
- President's Banquet, 8/2 _____ No.@ \$50 each = \$ _____
- Wednesday Breakfast, 8/3 _____ No.@ \$25 each = \$ _____

Section "C" Total \$ _____

Refund & Returned Check/Denied Credit Card Policy

All cancellations must be in writing and received by July 10. All cancellations received by July 10 will be refunded less a \$15 administrative fee. No refund will be allowed if the request is made after the meeting has taken place. A \$15 fee will be assessed for returned checks.

District Buyer or Director? Yes No

First Conference? Yes No

If you require special services covered under the Americans with Disabilities Act of 1990 or require a special diet, please contact:

Peggy Rieper, 509-220-6121, wsnaexec@comcast.net.

Registration will be Sunday - Wednesday at the hotel. Your receipt will be in your conference packet.

Ways to Register:

- Online: Go to www.washingtonsna.org and click on the link for online registration. (Preferred method)
- Fax: Send registration form and credit card information to 509.233.0230.
- Mail: Send form with check or credit card information to WSNA, PO Box 686, Loon Lake, WA 99148.

REGISTRATION PAYMENT

****Purchase orders will not be accepted.****

CHECK enclosed, payable to WSNA

Total: \$ _____ (A + B+C)

CREDIT CARD

MasterCard Visa Discover AmEx

Credit Card Total: \$ _____ (A+B+C)

Card #: _____

Exp. Date: ____/____ Security Code: ____/____

Signature (REQUIRED) _____

Date _____

Printed Name on Card _____

Mailing Address (Street or PO Box) of Billing Address _____

City / State / ZIP of Billing Address _____

Liability & Indemnification Agreement

I understand there is some risk inherent in traveling to and from, and as a result of, attending the WSNA State Conference in Spokane August 1-3, 2016. The undersigned hereby releases WSNA and the committees, members, officers, employees, as well as other participants and other persons who may take part in said conference from all liability from injury, death and property damage that may be suffered in connection with such activities, where due to negligence or otherwise, accepting such risks involved and waiving all rights or any kind that might otherwise arise. The undersigned agrees to indemnify WSNA, its committees, members, officers, employees, and directors against all judgments obtained and against the cost of defense of such claims including reasonable attorney's fees.

Signature _____

Date _____