



PRESS/COMP

ANC 2009 REGISTRATION FORM



IS THIS YOUR FIRST ANC? YES NO

Update contact information

(PLEASE PRINT ONLY, USING BLACK INK OR TYPE)

Membership No. _____ Preferred Name on Badge _____

First _____ Last _____

Title _____

Company/School District/Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone/Other _____ FAX _____

E-mail _____

WAYS TO REGISTER:

- **WEB:** Register online at www.schoolnutrition.org
 - **FAX:** Send registration form and credit card info (VISA, American Express, MasterCard & Discover ONLY) or purchase order to (703) 739-3915.
 - **MAIL:** Send form & check to SNA ANC '09 Registration, P.O. Box 791004, Baltimore, MD 21279-1004. Be sure to include the attendee's name on the check stub or P.O. for proper payment.
 - **AFTER MAY 22:** Onsite Registration only.
- NOTE: Speakers AND Exhibitors DO NOT USE this form (please register online)*

A. REGISTRATION FEES:

Early Bird Rate-EB (received on or before 4/3); Reg Rate-RR (received after 4/3 & before 5/22) or Onsite Rate-OS (PLEASE CIRCLE ONE)

	EB	RR	OS
FS Member Director/Supervisor/Educator	\$400	\$450	\$500
+Add'l from same school district & member category	\$370	\$420	\$470
Name of first person from school district: _____			
FS Member Manager/Employee	\$320	\$370	\$420
+Add'l from same school district & member category	\$259	\$289	\$339
Name of first person from school district: _____			
FS Member/Retired	\$350	\$380	\$430
FS Member/Student	\$75	\$125	\$175
FS Nonmember	\$495	\$545	\$595
Industry Member	\$475	\$525	\$575
Industry Nonmember	\$735	\$785	\$835
Government Rate	\$400	\$450	\$500
Guest/Family (adult)	\$320	\$370	\$420

SECTION "A" TOTAL \$ _____

+ Must be mailed at same time, in same envelope, or faxed at the same time.

FULL REGISTRANTS:

When purchasing a full registration, these Special Events are complimentary. You **MUST** check all of the event(s) you plan to attend in the Special Functions section below left, so SNA can guarantee space. (please check event)

- GCNF Wellness Event To End World Hunger
- FINAL EVENT CONCERT

SNA is committed to ensuring all meeting activities are accessible. To discuss specific needs further, call (800) 877-8822, ext. 127 no later than **May 29, 2009**.

Photographs will be taken of sessions & events at this conference for future use by SNA.

REGISTRATION PAYMENT:

1. **CHECK** enclosed, payable to SNA: (ck# _____)

2. **PURCHASE ORDER** enclosed: (PO# _____)

TOTAL: \$ _____

3. **CREDIT CARD*** VISA AMEX MasterCard Discover

Card No. _____

Exp. Date / /

CREDIT CARD TOTAL

\$ _____

(Totals from all sections A, B, C)

Signature _____

Date _____

Printed Name on Card _____

(*Credit card orders cannot be processed unless this information is completed in its entirety.)

B. PRE-CONFERENCE SESSIONS, SUNDAY, JUNE 28, 2009

Pre-registration is required. Sessions may be canceled if not full. If canceled, registrants will be offered alternate courses or receive a full refund by mail after the conference concludes. Check session(s) you plan to attend. Please register by **May 29th**.

- Financial Management, 8 am - 5 pm \$125
- Master Trainer Seminar, 8 am - 5 pm \$125
- Solving the Food Allergy Puzzle, 8 am - 5 pm \$125
- Step Up to the HealthierUS School Challenge, 8 am - 5 pm \$125
- How the Media Works, 1 pm - 5 pm \$75

SECTION "B" TOTAL \$ _____

C. SPECIAL FUNCTIONS ONLY (PURCHASES)

All attendees and guests must purchase tickets to the following special functions. You must check the event(s) you plan to attend, so SNA can guarantee space for these events.

- Chapter Leadership Day, Sun. 6/28 ___ No. X \$25 each = \$ _____
- Silver Circle Luncheon, Wed. 7/1 ___ No. X \$50 each = \$ _____
- EXTRA Final Event ticket(s), Thurs. 7/2 ___ No. X \$95 each = \$ _____

SECTION "C" TOTAL \$ _____

NOTE:
Be sure to review SNA registration information and the Cancellation Policy.