**SNA-NC Industry Seminar**

**January 30, 2024**

**Golden Opportunities Networking Lunch**

Back by popular demand is our “***Golden Opportunities Networking Lunch”***. This networking lunch will be on **Tuesday, January 30, 2024**, and will give industry representatives and school nutrition professionals’ time to enjoy lunch and conversation.

To become an industry host for the ***G.O.N.L.***, you or your company will need to fill out the ***G.O.N.L***. form below. For the additional $500.00 (**plus conference registration option #1**) you or your company will have up to seven school nutrition professionals at your table. Additional tables can be purchased for multiple vendors. To ensure good representation of our state, the industry committee will assign seats for this lunch. We will provide a list of guests at your lunch table, so that you can reach out to them prior to the event.

As a ***G.O.N.L.*** host, you *may* provide product or service information packets, packaged product samples (limited) and/or a small token or gift for your guest(s). We would like to suggest that no more than $25.00 be spent per guest at your table. Centerpieces are not included in the cost, but this could be a great gift that could be given away to one of your guests.

**Networking Lunch form must be received by January 5, 2024, in order for your company to be recognized in the program.**

**Company Information:**

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**Company Name as to appear in Signage**

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**Name of Contact Person**

**Email**

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**Mailing Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/Zip code**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email for Credit Card Receipt**

**Payment Information:**

**2 Ways to Pay Check or Credit Card**

**1. Mail Check and Form to:**

**School Nutrition Association of NC**

**2318 N. Elm Street, Greensboro, NC 27408**

**Or**

**2. Scan and e-mail (or mail) Credit Card Charges to jbdfroth@aol.com**

**Amount enclosed:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Visa \_\_\_MasterCard \_\_\_AMEX**

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**Credit Card Number**

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**Exp Date Security Code (CID)**

**Signature Date**

**Mailing Address for Credit Card Statement**