**SNA-NC Industry Seminar Registration Form**

**Hotel Ballast ● Wilmington, NC ● January 29 – 31, 2024**

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

 Company

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

 Name as preferred on Badge

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

 Title

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

 Mailing Address

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

 City State Zip

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

 Business Phone Cell

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

 E-mail

**Registration Deadline: January 5, 2024**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Registration** **Option 1****Includes:**All Meetings/BreaksMonday SocialTuesday Cont. BreakfastTuesday LunchTuesday Dinner Wednesday Cont.BreakfastTabletop in showOne Badge | **Registration****Option 2****Includes:**Tabletop in ShowOne Badge(Meetings and meals not included) | **Registration****Option 3****Includes:**All Meetings/BreaksMonday SocialTuesday Cont. BreakfastTuesday LunchTuesday Dinner Wednesday Cont.BreakfastOne Badge(No Tabletop) | **Registration****Option 4****Includes:****Innovation Station (Limited to 12)**All Meetings/BreaksMonday SocialTuesday Cont. BreakfastTuesday LunchTuesday Dinner Wednesday Cont.BreakfastTabletop in showOne Badge |
| **Member** | $800 | $750 | $525 | $1300 |
|  **Non-Member** | $925 | $875 | $650 | **MUST BE SUSTAINING MEMBER** |

**TO REGISTER:**

Send form with payment or credit card information to:

School Nutrition Association of North Carolina

2318 N. Elm Street

Greensboro, NC 27408

888-204-8204

E-mail: jbdfroth@aol.com

REGISTRATION OPTIONS:

(Please circle rate requested)

 **Op. 1** **Op. 2 Op. 3 Op. 4**

Member $800 $750 $525 $1300

Non-member $925 $875 $650

Banquet Guest Ticket @ $100 \_\_\_\_\_\_\_\_\_\_\_\_

Extra Badge Number \_\_\_\_@ $50 \_\_\_\_\_\_\_\_

Please use extra badge form for badge names.

 **Total Fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Note: All cancellations must be in writing and received by January 5, 2024. No refunds will be made after January 6, 2024.)

**2 WAYS TO PAY:**

1. **MAIL** form and check, payable to SNA-NC, to: SNA-NC, 2318 N. Elm Street

 Greensboro, NC 27408

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

 **or**

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

 Visa  MasterCard  AMEX

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

Card No.

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

Exp. Date Security Code (CID)

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

Signature Date

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

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

Billing Address for Credit Card Statement

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

Email for Receipt

**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you are registering for Options 1, 3, or 4, please mark the meals that you will attend, so that you receive a ticket for that meal.**

\_\_ Monday Social

\_\_ Tuesday Light Continental Breakfast

\_\_ Tuesday G.O.N.L. Lunch

\_\_ Tuesday Dinner

\_\_ Wednesday Light Continental Breakfast

We know that just because you register for Option 1, 3, or 4 doesn’t mean that you will be able to attend all meetings and meals.

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

**Special Meal Requirements**

**(Vegetarian or Gluten Free)**