

School Nutrition Association of NC Annual Conference Individual Registration Application
June 18-19, 2025 • Greensboro, Koury Convention Center

1. Please complete the information below. Please print or type.

Membership Number: _____ (Find on your membership card)

Circle Title: ☐ Assistant ☐ Asst. Manager ☐ Manager ☐ Supervisor ☐ Director ☐ Guest ☐ Other: List Title

First Name: _____ Initial: _____ Last Name: _____

Address: _____

City/State/Zipcode: _____

Work Phone: _____ Cell: _____

Email: _____ School System: _____

2. Early Bird Registration forms (with payment) postmarked on or before May 19, 2025

	EARLY BIRD	REGULAR	
TOTAL PACKAGE CONFERENCE REGISTRATION	Member	Member	Non-member
Includes Trade Show, All General Sessions, Educational Mini Sessions, Banquet and Tote Bag	_____ \$160.00	_____ \$175.00	_____ \$300.00

Note: The Banquet is Included in the total package but you MUST check the banquet to get a ticket to attend.

Will you attend the Banquet? Yes _____ No _____ Special Meal Requirements: *Vegetarian or Gluten Free Only*

Total Package Registrations ONSITE will not include the Banquet.

	Member	Member	Non-member
TRADE SHOW ONLY			
Trade Show Only (Wednesday)*	_____ \$100.00	_____ \$105.00	_____ \$175.00

**(Trade Show is included with all other registration. This badge only permits entrance to Trade Show and a Tote Bag.)*

Trade Show ONSITE ONLY Member _____ \$125.00 Non-Member _____ \$200

EXTRAS NOT INCLUDED IN PACKAGE OR DAILY REGISTRATION FEES

President's Luncheon (Thursday)	_____ \$45.00	_____ \$50.00	_____ \$60.00
Guest Banquet Tickets (Thursday Night)	_____ \$75.00	_____ \$80.00	_____ \$80.00
Chapter Leadership Conference (June 17, 2025)	_____ \$15.00	_____ \$15.00	_____ \$25.00

TOTAL ENCLOSED \$ _____ \$ _____ \$ _____

Please answer the following questions:

1. Is this your First Annual SNA-NC Conference? _____ Yes

2. Are you the Chapter President for the 2024-2025 year? _____ Yes

Mail form and check or money order (Do not send cash) by June 9, 2025 to:

SNA-NC, 2318 N. Elm Street, Greensboro, NC 27408

(Payment MUST Accompany Registration)

Make checks payable to School Nutrition Association of NC (No Refunds)

REGISTER ON-SITE AFTER JUNE 9, 2025

Credit Card Payment: (Please circle one) ☐ MASTERCARD ☐ VISA ☐ AMEX

PRINT Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Security Code on Card: _____

Billing Address: _____

Email Address for Receipt: _____