**School Nutrition Association of North Carolina**

**June 23-24, 2021**  **Annual Conference Individual Registration Form**

**Sheraton Four Seasons/Koury Convention Center, Greensboro**

**Please complete the information below. Please print or type:**

**Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_**

**Circle Title: Assistant Asst. Manager Manager Supervisor Director Guest Other:\_\_\_\_\_\_\_\_ (List Title)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALL REGISTRATIONS MUST BE RECEIVED BY JUNE 1, 2021**

 **Member Non-Member**

**Total Package Conference Registration \_\_\_\_ $110.00 \_\_\_\_ $250.00**

**(Includes Trade Show, General Sessions and Educational Sessions)**

**DUE TO COVID-19 RESTRICTIONS, THERE WILL BE NO BANQUET THIS YEAR.**

**Extras Not Included in Total Package Registration Fees**

**Chapter Leadership \_\_\_\_ $25.00 \_\_\_\_ $50.00**

**President’s Luncheon \_\_\_\_ $35.00 \_\_\_\_ $50.00**

**Special Meal Requirements: (Vegetarian or Gluten Free Only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Enclosed $ \_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_**

**Please answer the following questions:**

 **1. Is this your First SNA-NC Annual Conference?** **\_\_\_\_\_ YES \_\_\_\_\_ NO**

 **2. Are you the 2020-2021 Chapter President? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Mail form and check or money order (Do not send cash) to be received by June 1, 2021 to:**

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

**(Payment MUST Accompany Registration) NO REFUNDS**

**Make Checks Payable to School Nutrition Association of NC (SNA-NC)**

**DUE TO COVID RESTRICTIONS, THERE WILL BE NO ON-SITE REGISTRATION THIS YEAR.**

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

**By registering to attend this conference, you acknowledge the contagious nature of COVID-19 and agree to all safety protocols, i.e., wearing a face mask at all times and maintaining a social distance of 6 feet.**

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

 **(Signature Required to Complete Registration)**