

FSNA 2018 LEAD Summit – School Food Service Registration Form

May 1 - 2, 2019

Crummer Graduate School of Business Rollins College

Management & Executive Education Center

1000 Holt Avenue – 2722 ▪ Winter Park, FL 32789

Name: _____

County: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Business Phone: _____ Fax: _____

Email: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Check One	Registration Type	Fee
	<i>SFS Member Registration</i>	\$280.00
	<i>SFS Non-Member Registration</i>	\$330.00

LIABILITY AND INDEMNIFICATION AGREEMENT: I request that you accept me as a participant at the Florida School Nutrition Association (FSNA) 2019 LEAD Summit to be held in Winter Park, FL, May 1 – 2, 2019. I understand there is some risk inherent in traveling to and from, and as a result of attending the seminar. With my signature below, I hereby release the FSNA and the committees, members, officers, employees, as well as other participants and other persons who may take part in said conference from all liability for injury, death and property damage that may be suffered in connection with such activities, where due to negligence or otherwise, accepting such risks involved and waiving all rights of any kind that might otherwise arise. I further agree to indemnify FSNA, its committees, members, officers, employees, and director against all judgments obtained and against the cost of defense of such claims including reasonable attorney’s fees. FSNA is committed to ensuring all meeting activities are accessible.

RETURN CHECK POLICY: FSNA charges \$25.00 for returned checks.

Signature: _____ *If paying by credit card, signature also authorizes payment.*

Payment Options

___ Check enclosed (Please make checks payable to FSNA)

___ Purchase Order # (Please attach PO): _____

___ Credit Card

Print Name (as it appears on the credit card): _____

___ Visa ___ MasterCard ___ Discover ___ American Express

Credit Card #: _____ Expiration: _____

CVV (required): _____ (3-digit code on back of Visa/MC/Discover or 4-digit code on AMEX above account number)

___ Credit Card on File – Customer ID _____ 3-digit CVV _____