



# Florida School Nutrition Association FSNA 2019 Leadership Training GROUP Registration Form

Registrants will be entered into the FSNA database individually; but a group payment will be applied. Submit this form with payment by mail to 124 Salem Court, Tallahassee, FL 32301, by fax (850) 656-0149, or by email to [jmilam@floridaschoolnutrition.org](mailto:jmilam@floridaschoolnutrition.org)

County/District: \_\_\_\_\_

Bill To Name: \_\_\_\_\_ Bill To Email: \_\_\_\_\_

Contact Person for this Registration List: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_ **Check enclosed** (Please make checks payable to FSNA)

\_\_\_ **Purchase Order #** (Please attach PO): \_\_\_\_\_

\_\_\_ **Credit Card or P-card** – We will email you an invoice and you can call with payment.

\_\_\_ **CC on File:** Customer ID \_\_\_\_\_ 3-digit CVV \_\_\_\_\_

### LIABILITY AND INDEMNIFICATION AGREEMENT

*I request that you accept me as a participant at this Florida School Nutrition Association (FSNA) conference. I understand there is some risk inherent in traveling to and from, and as a result of, attending the conference. The undersigned hereby releases the FSNA and the committees, members, officers, employees, as well as other participants and other persons who may take part in said seminar 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. The undersigned agrees 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.*

**By signing below, you are agreeing to the above for all members of the Group.**

Authorized Signature for Group: \_\_\_\_\_

	Name	School/Work Location	Email	1st Timer?	FSNA Member?
1.				Y / N	Y / N
2.				Y / N	Y / N
3.				Y / N	Y / N



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	<b>Name</b>	<b>School/Work Location</b>	<b>Email</b>	<b>1st Timer?</b>	<b>FSNA Member?</b>
4.				Y / N	Y / N
5.				Y / N	Y / N
6.				Y / N	Y / N
7.				Y / N	Y / N
8.				Y / N	Y / N
9.				Y / N	Y / N
10.				Y / N	Y / N
11.				Y / N	Y / N
12.				Y / N	Y / N
13.				Y / N	Y / N