



# Florida School Nutrition Association 2019 Leadership Training Registration Form June 7 – 8, 2019

Submit this form with payment by mail to the FSNA, 124 Salem Court, Tallahassee, FL 32301, by fax (850) 656-0149, or by email to [jmilam@floridaschoolnutrition.org](mailto:jmilam@floridaschoolnutrition.org)

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

**District/County:** \_\_\_\_\_ **School/Work Location:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

<b>1<sup>st</sup> Timer?</b>
___ Yes ___ No

**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **EC Phone:** \_\_\_\_\_

	<b>Pre-Registration</b> (before May 24, 2019)	<b>Onsite Registration</b> (after May 24, 2019)	<b>Total Due</b>
<b>FSNA Member</b>	<b>\$75</b>	<b>\$85</b>	
<b>Non-Member</b>	<b>\$85</b>	<b>\$95</b>	

**Payment Information:**

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

\_\_\_ **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 the Florida School Nutrition Association (FSNA) Conference to be held in Tampa, Florida, June 7 – 8, 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.

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

**CANCELLATION POLICY:** All cancellation requests received by May 24, 2019 will be refunded minus a \$25 processing fee. No refunds will be given for cancellations received after May 24, 2019 or for no-shows. Registration may be transferred to another attendee. Prior notification of transfers is recommended.

**Signature Required for Registration:** \_\_\_\_\_

*FSNA is committed to ensuring all meeting activities are accessible. To discuss specific needs, including dietary, please contact Aubrie Leigh Pennekamp at (850) 878-1832 or [alpennekamp@floridaschoolnutrition.org](mailto:alpennekamp@floridaschoolnutrition.org)*