

Florida School Nutrition Association Region IV Seminar Registration Form

Please make checks payable to FSNA and send forms and checks to: FSNA, 124 Salem Ct., Tallahassee, FL 32301. To register online visit the FSNA website at www.floridaschoolnutrition.org and hover over the "Regions" tab, then click on "Region Seminars".

Attendee Name: _____

Region: _____ **County:** _____

Mailing Address: _____

City, State, Zip: _____

Phone number: _____

Email address: _____

Is this your first Region Seminar? YES NO **Are you a current member of FSNA?** YES NO

Guest(s) Names: _____

Registrant Fee: \$15 **Additional Guests:** \$2/each x _____ = \$ _____ **TOTAL DUE:** \$ _____

Payment Type (circle one): CASH CHECK BILL ME (*see below*)

Billing Contact Name: _____

Billing Email: _____ *Phone:* _____

Billing Address (if different from above): _____

LIABILITY AND INDEMNIFICATION AGREEMENT

I request that you accept me as a participant at the Florida School Nutrition Association (FSNA) Region Seminar. I understand there is some risk inherent in traveling to and from, and as a result of, attending the Seminar. The undersigned, and my guests, hereby release 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.

Signature Required for Registration: _____

FSNA is committed to ensuring all meeting activities are accessible. To discuss specific needs, including dietary, please contact your Region Director, Tony Jenkins, at Tony.Jenkins@ocps.net