MSNA Convention 2010 Registration

MARYLAND SCHOOL NUTRITION ASSOCIATION
Making the right food choices, together.

Pre-registration must be postmarked by **October 1, 2010**. Mailing your registration by this date will allow you to pass through registration much more quickly than if you register on-site. After October 1, you may register on-site.

I. Tell Us About Yourself -- Please print clearly

First and Last Name AS YOU WANT IT TO APPEAR ON YOUR NAME TAG: _____

Address:_____City:_____State:_____Zip_____

Phone (_____)_____ Work Phone (_____) _____ Email _____

Is this your first MSNA Convention? ☐ Yes ☐ No Have you worked 20+ years in School Foodservice? ☐ Yes ☐ No

Check here ☐ if you work in your county's Central Office. County Where Employed _____

What title should we put on your badge (ex: Food Service Personnel, Cafeteria Manager, etc.):_____

If you are purchasing a package for guests, please list their names here for name tags_____

II. Choose Your Convention Package -- **Please check the box next to the package you are purchasing and circle the amount you owe.**

Mark Selection Below	Includes all meetings	Includes Exhibit Entrance	Includes Friday Dinner	Includes $15 Dine-Around Ticket	Includes Saturday Evening Event	Pre-Registered Member	Pre-Registered Retiree	Member On-Site Registration	**Non-Members and Guests** Pre-Registration and On-Site
☐ Full	X	X	X	X	X	$70	$65	$75	$85
☐ Limited	X	X		X	X	$50	$45	$55	$65
☐ Friday Only	X	X				$40	$35	$45	$55
☐ Saturday Only	X	X				$40	$35	$45	$55

Saturday exhibit attendees will be divided into 2 groups to avoid overcrowding in the hall. Please indicate if you have a preference. ☐ 1 ☐ 2
These groups will be filled on a first-come/first-served basis. On-site registrations typically get placed in group 2. No one under 16
will be permitted in the Exhibit Hall.

Saturday continental breakfast will be available for guests of convention hotels.

Amount Due for Section II
$_____

Important note: Your membership must be valid through October 31, 2010, to register at the member rate. Please check your MSNA or SNA card or contact Kimberly Kerry at admin@mdsna.org or 877-886-7372 for your membership expiration date. If you pay the member rate and your membership is not valid through October 31, 2010, your registration will not be processed

III. Purchase Additional Tickets/SNA Certification Key Area Training

Please indicate the number of tickets you are purchasing.

_____Extra Friday Night Ticket **$29** each _____Extra Dine-Around Ticket **$15** each

_____Extra Saturday Night Ticket **$20** each _____Sunday SNA Cert. Key Area Training **$15** each

Amount Due for Section III
$_____

IV. Make Payment

– Total the amount due from Sections II and III and enter that amount in the box at right. Payment by cash, check, money order, or credit card MUST be included with registration form. Make checks payable to MSNA. Mail form and payment to: MSNA Convention Registration, 10013 Herding Row, Columbia, MD 21046.

Total Due: (sections II and III)
$_____

Cancellation Policy: All cancellations must be in writing to MSNA via fax, mail or email, and must be received by October 1, 2010. NO refunds will be given for cancellations received after that date or for no-shows. Registrations are not transferrable. **Returned Check Policy**: MSNA charges $25 for returned checks.

Payment Type: ☐ Cash ☐ Check _____ (check number) ☐ **NEW!** Credit Card (complete ALL information below)

Credit Cards Only

☐ Discover ☐ Master Card ☐ Visa Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. Date month ☐☐ year ☐☐ Security Code ☐☐☐ Signature_____

Print Name as it appears on credit card _____ Billing Zip Code ☐☐☐☐☐

Early Bird Drawing -- DO NOT Tear Off! If your registration is postmarked by September 15, your name will be entered in a drawing and you could win $25 at the convention. You must be present at the Closing General Session to win!

Print Name _____ Chapter _____