



Georgia School Nutrition Association

2023 Leadership Training

June 15-16, 2023

AR Johnson Magnet School

1324 Laney Walker Blvd. #2726 Augusta, GA 30901



Return registration form and payment to: Georgia School Nutrition Association, 2372 Main Street, Tucker, GA 30084.

Phone: 770-934-8890 Fax: 770-934-8917 Email: info@georgiaschoolnutrition.com Website: www.georgiaschoolnutrition.com

Please complete information for EACH delegate. GSNA is committed to making all meeting activities accessible to all attendees. For special needs, including dietary, call the GSNA office at 770-934-8890 or 1-877-221-8733 toll free in Georgia. **You MUST BE a CURRENT Member of GSNA to register.**

Please check a registration rate for EACH person registering.		Rate
<input type="checkbox"/> EBMR	GSNA State Executive Board Member Meeting Registration:	\$45
<input type="checkbox"/> DMR	Delegate Meeting Registration (Local or District Representative):	\$45
<input type="checkbox"/> ADMR	Additional Delegate Meeting Registration (For additional delegates beyond 2):	\$65

☐ EBMR

State Executive Board Member: _____

Executive Board Office held: _____

Please put office here (state elected officers, appointed committee chairs and district presidents)

Street Address: _____ City _____ Zip Code _____ State _____

Telephone: (_____) _____ - _____ E-mail: _____ (Please give us your **PREFERRED** mailing address)

☐ DMR

Delegate #1: _____ School System: _____

District or Local Office held: _____

Please put office here (president-elect, secretary, treasurer, legislative chair, etc.)

Street Address: _____ City _____ Zip Code _____ State _____

Telephone: (_____) _____ - _____ E-mail: _____ (Please give us your **PREFERRED** mailing address)

☐ DMR

Delegate #2: _____ School System: _____

District or Local Office held: _____

Please put office here (president-elect, secretary, treasurer, legislative chair, etc.)

Street Address: _____ City _____ Zip Code _____ State _____

Telephone: (_____) _____ - _____ E-mail: _____ (Please give us your **PREFERRED** mailing address)

☐ ADMR

Additional Delegate: _____ School System: _____

District or Local Office held: _____

Please put office here (secretary, treasurer, legislative chair, etc.)

Street Address: _____ City _____ Zip Code _____ State _____

Telephone: (_____) _____ - _____ E-mail: _____ (Please give us your **PREFERRED** mailing address)

TOTAL DOLLAR AMOUNT DUE: \$ _____

PAYMENT: ☐ Check enclosed ☐ MasterCard ☐ VISA ☐ Purchase Order # _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Cardholder's Name: _____ Authorized Signature: _____

Cardholder Billing Address : _____
Street address City State Zip Code

PAYMENT & CANCELLATION

Full payment must accompany all registrations. **CANCELLATIONS:** All cancellations must be made in writing to GSNA. If notice of cancellation is received prior to June 5, 2023, a refund (less \$10.00 administrative fee) will be issued. **Please note that after June 5, 2023, NO REFUNDS WILL BE ISSUED.** We encourage you to send someone in your place. Send to GSNA at info@georgiaschoolnutrition.com or FAX 770-934-8917.