

Early Bird Deadline: June 30, 2019

2019 WSNA ANNUAL STATE CONFERENCE REGISTRATION
 July 29-31, 2019 ~ Doubletree Spokane City Center Hotel ~ Spokane, Washington

Membership No. _____ Preferred Name on Badge _____

 First _____ Last _____

 Mailing Address _____

 City _____ State _____ ZIP _____

 Telephone _____ Email Address _____

 School District (REQUIRED) _____
 Are you a District Buyer or Director? Yes No
 Is this your first conference? Yes No

 Chapter Name/Number _____ Area _____

A. Registration Fees:

Early Bird Rate-EB (postmarked by 6/30/19); Regular Rate-RR(postmarked after 6/30/19 or at conference.)

Please circle one:	EB	RR
Conference Registration:		
Member	\$140	\$165
Non-member	\$280	\$305
Section "A" Total	\$ _____	

*Conference Registration includes admission to all breakfasts, Networking Luncheon, Night of Entertainment & President's Banquet.

Please note that online registration is available. To register online, go to www.washingtonsna.org and click on the link for online registration. Other registration methods are described under "Ways to Register."

B. Pre-Conference & Conference Training Classes (See p. 8 for descriptions)

Pre-registration is required. Sessions will be cancelled if a minimum of 20 are not registered by July 10. If cancelled, registrants will receive a full refund by mail after the conference. Class sizes are limited; check the session(s) for which you wish to register. (See page 6 for descriptions.)

- Food Safety in Schools (8 credits), July 28 \$50
- Financial Management for Directors (8 credits), July 28 \$50
- **Nutrition 101, (8 credits), July 29 & July 30 \$ 0

**Must pre-register even though there is no additional charge. Conference registration required.

Section "B" Total \$ _____

C. Extra Meals Only (Purchases)

If you wish to order additional meal tickets for guests, please indicate below. Remember that all events listed below are included in the price of your conference registration. This section is for extra tickets ONLY.

- Monday Breakfast, 7/29 _____ No. @ \$25 each = \$ _____
- Delegate Assembly Luncheon, 7/29 _____ No. @ \$30 each = \$ _____
- Night of Entertainment, 7/29 _____ No. @ \$35 each = \$ _____
- Tuesday Breakfast, 7/30 _____ No. @ \$25 each = \$ _____
- President's Banquet, 7/30 _____ No. @ \$50 each = \$ _____
- Wednesday Breakfast, 7/31 _____ No. @ \$25 each = \$ _____

Section "C" Total \$ _____

Refund & Returned Check/Denied Credit Card Policy

All cancellations must be in writing and received by July 10. All cancellations received by July 10 will be refunded less a \$15 administrative fee. No refund will be allowed if the request is made after the meeting has taken place. A \$15 fee will be assessed for returned checks.

IMPORTANT - PLEASE READ

MEALS - All conference meals are included in your registration. Contact Peggy Rieper if you require a special diet, 509.220.6121, wsnaexec@comcast.net.

If you require special services under the Americans with Disabilities Act of 1990 please contact Peggy Rieper, 509-220-6121, wsnaexec@comcast.net

Ways to Register:

- **Online:** Go to www.washingtonsna.org and click on the link for online registration.
 - **Fax:** Send registration form and credit card information to 509.233.0230.
 - **Mail:** Send form with payment information to WSNA, PO Box 686, Loon Lake, WA 99148.
- Onsite registration: Doubletree Hotel 7/28-7/31.

REGISTRATION PAYMENT

****Purchase orders will not be accepted.****

Total: \$ _____ (A + B + C)

CHECK enclosed, payable to WSNA

CREDIT CARD

MasterCard Visa Discover AmEx

Card #: _____

Exp. Date: ____/____/____ Security Code: _____

Signature (REQUIRED) _____

Printed Name on Card _____

ZIP of Billing Address _____

Liability & Indemnification Agreement

I understand there is some risk inherent in traveling to and from, and as a result of, attending the WSNA Conference in Spokane July 29-31, 2019. I hereby release WSNA and the committees, members, officers, employees, as well as other participants and other persons who may take part in said conference from all liability from 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 or any kind that might otherwise arise. I agree to indemnify WSNA, its committees, members, officers, employees, and directors against all judgments obtained and against the cost of defense of such claims including reasonable attorney's fees.

Signature _____

Date _____