



NEW MEXICO SCHOOL NUTRITION ASSOCIATION

ANNUAL STATE CONFERENCE • JUNE 7-10, 2011

EARLY BIRD DEADLINE: 5/6/2011



(PLEASE PRINT CLEARLY)

Hard Rock Resort & Conference Center 1-877-747-5382

(READ CAREFULLY)

Membership No. (REQUIRED)

Name

School District/Organization/Company

E-mail Address

Mailing Address

City, State & Zip

Business Phone

Work Phone

Fax No

Please check the SNA membership section or industry affiliation to which you belong:

FS Employee FS Manager FS Director/Supervisor Area Supervisor/Specialist Retired Industry Other

REGISTRATION INFORMATION:

	<u>Members</u>	<u>Non-Members</u>
Early Bird <i>Received before 5/6</i>	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$175.00
Regular Rate <i>Received After 5/6</i>	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$200.00
On-Site	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$200.00
*Director/Supervisor	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$220.00

REGISTRATION SUBTOTAL: \$ _____

NEW MEMBERS: Attach a completed Membership Form - available at www.nmsna.com

Manager/Staff	<input type="checkbox"/> \$163.00 (130+28+5)
Affiliate/PT Staff <small>(4hrs or less)</small>	<input type="checkbox"/> \$159.00 (130+26+3)
Director/Supervisor	<input type="checkbox"/> \$235.00 (130+95+10)

****MUST INCLUDE NEW MEMBERSHIP APPLICATION****

REGISTRATION SUBTOTAL: \$ _____

SPECIALIZED TRAINING:

****Must Pre-register to attend****

Trainings overlap CHOOSE ONLY ONE

HEALTHY EDGE (6/7 - 6/8) 10 hour Course \$25.00
(Members Only) - 40 participants only

MANAGER'S TRAINING (6/7 - 6/9) 16 hour Course \$25.00
(Members Only) - 40 participants only

SPECIALIZED TRAINING SUBTOTAL: \$ _____

****Banquet Dinner/Dance Guest \$50.00**

TOTAL ENCLOSED: \$ _____
Includes Registration and Specialized Training

Please check ALL that are applicable:

SNA Member SNA Certified First Timer SNS
 District Director/Supervisor Supervisor/Buyer/Procurement
 Cafe Manager NMSNA Executive Board Member

REGISTRATION PAYMENT:

Send Registration form & payment to: Janet Sanchez, 815 N 5th St, Belen NM 87002
FAX: 505-966-1753 (BIA's call Elaine 505-293-1002)

1. Check enclosed, payable to **NMSNA 2011 CONFERENCE** (ck# _____)
2. Purchase order enclosed (PO# _____)
3. Select Credit Card: Visa MasterCard

Credit Card No. _____

Expiration Date _____

Signature _____

Print Name on Card _____

CANCELLATIONS: All cancellations will be assessed a \$25 administrative fee. Cancellations must be made in writing and received by **May 20, 2011**. **NO REFUNDS will be made after May 20, or for NO SHOWS.** (You may request refund, in writing, from the NMSNA Executive Board for emergencies)

LIABILITY & INDEMNIFICATION AGREEMENT:

I request the NMSNA to accept me as a participant at the NMSNA Conference in Albuquerque, NM from June 7-10, 2011. I understand there are some risk in traveling to and from and as a result of attending the conference. The undersigned releases the NMSNA as well as other participants and other persons who take part in said conference from all liability for any injury, death or property damage that may occur in connection with said conference.

Signature (liability and indemnity agree) _____

Date _____