



**Georgia School Nutrition Association**  
**2024 Equipment Academy**  
**January 10-12, 2024**  
**Georgia National Fairgrounds**  
**Perry, GA**



❖ **REGISTRATION INFORMATION** Please complete form and add names of any additional attendees. 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.

**Attendee Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**School System:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Street Address: City State Zip

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_

❖ **REGISTRATION RATES**

☐ **Member Meeting Registration**

*Includes two-day meeting registration with lunch on Wednesday & Thursday, Wednesday night meal & bingo, Networking Reception on Thursday evening, breaks and all meeting materials*

<b>EARLY RATE</b> Before 12/1/23	<b>REGULAR RATE</b> After 12/1/23
<b>\$150</b>	<b>\$170</b>

☐ **Non-Member Meeting Registration**

*Includes two-day meeting registration with lunch on Wednesday & Thursday, Wednesday night meal & bingo, Networking Reception on Thursday evening, breaks and all meeting materials*

**\$225** **\$245**

☐ **\* A Additional Member Meeting Registration for person from SAME school system**

*Includes two-day meeting registration with lunch on Wednesday & Thursday, Wednesday night meal & bingo, Networking Reception on Thursday evening, breaks and all meeting materials*

**\$125** **\$145**

**List Additional School Nutrition Employees from SAME system** *(All employees must be members of GSNA to receive this rate)*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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

**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](mailto:info@georgiaschoolnutrition.com)

❖ **CANCELLATIONS**

All cancellations must be made in writing to GSNA. If notice of cancellation is received prior to **January 3, 2024**, a refund (less \$25.00 administrative fee) will be issued. **Please note that after January 3, 2024, NO REFUNDS WILL BE ISSUED. We encourage you to send someone in your place.**

❖ **MEETING SCHEDULE**

Wednesday, January 10<sup>th</sup> - Start-End: 8:00 AM – 5:30 PM

Thursday, January 11<sup>th</sup> - Start-End: 8:00 AM – 5:30 PM Reception: 5:30 PM

Friday, January 12<sup>th</sup> - Start-End: 8:00 AM – 1:00 PM