

Georgia School Nutrition Association 2023 NSLW Kick Off Luncheon **September 14, 2023** Macon Centreplex - Macon, GA **Early Registration Deadline: EXTENDED!** September 6, 2023



REGISTRATION INFORMATION: 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.

	NSLW Kick Off Luncheon Registration Rates		
	Please check a registration rate for EACH person registering.	EARLY RATE Before 9/6/23	REGULAR RATE After 9/6/23
CMMRLS	Corporate Member Meeting Registration: Luncheon & Seminar	\$100	\$125
CMMRLO	Corporate Member Meeting Registration: Luncheon ONLY	\$60	\$85
CMMRAALS	Corporate Member Registration Additional Attendee Luncheon & Seminar	\$85	\$105
CMMRAALO	Corporate Member Registration Additional Attendee Luncheon Only	\$45	\$85
NCMMRLS	Non-Corporate Member Meeting Registration: Luncheon & Seminar	N/A	\$125
NCMMRLO	Non-Corporate Member Meeting Registration: Luncheon ONLY	N/A	\$85
NCMMRAA	Non-Corporate Member Meeting Registration Additional Attendee	N/A	\$105
KOLNWT	Kick Off Luncheon Networking Table (Includes meeting/luncheon registration AND networking table for ONE company representative)	N/A	\$500 SOLD OUT!
KOLESS	Kick Off Luncheon Educational Session Sponsor (Includes sponsorship of System or School Level educational session, meeting/luncheon registration AND networking table for ONE company representative)	N/A	\$1000

□ CMMRLS □ CMMRLO □ CMMRAALS □ CMMRAALO □ NCMMRLS □ NCMMRLO □ NCMMRAA □ KOLNWT □ KOLESS

Attendee Name:		Company:					
Title:	Address:						
	Street addre	ess	City	State	Zip Code		
Phone: ()	Email:						
list additional employees fro	om SAME Company. Please check a	registration ra	ate for EACH atten	<u>dee.</u>			
🗆 CMMRLS 🗖 CMMRLO 🗖	CMMRAALS 🗆 CMMRAALO 🗆 N	CMMRLS	NCMMRLO 🗖 NCI	MMRAA 🗖	KOLNWT		
Name:	Title:		Email:				
CMMRLS CMMRLO	CMMRAALS 🗆 CMMRAALO 🗆 N		NCMMRLO 🗖 NCI	MMRAA 🗖	KOLNWT		
Name:	Title:		Email:				
FOTAL DOLLAR AMOUNT DU	E:\$						
PAYMENT: □Check encl	osed □MasterCard □VISA Ⅰ	⊐Purchase C)rder #				
Card Number:	Exp. Date: _		Security Code:				
Cardholder's Name:	Authorized Signature:						
Cardholder Billing Address:							
S	treet address	City	State	Zip Co	de		
PAYMENT & CANCELLATION	ent must accompany all registration						
	cancellation is received prior to Sept						
issued. Please note that after Se	eptember 6, 2023, NO REFUNDS WI	LL BE ISSUED. V	Ve encourage you t	o send som	eone in you		

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

Phone: 770-934-8890 Fax: 770-934-8917; E-mail: info@georigaschoolnutrition.com.