



**Georgia School Nutrition Association  
School Nutrition Assistants' Program (SNAP)  
"Your Culinary Legacy Begins NOW!"  
February 23<sup>rd</sup>, 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup> and 27<sup>th</sup>  
FIVE LOCATIONS!  
8:00 AM – 2:30 PM**



**Return registration form and payment to:**

GSNA, 2372 Main Street, Tucker, GA 30084; Fax: 770-934-8917; E-mail: info@georgiaschoolnutrition.com. Attendees MUST be a current member of GSNA. If you have questions about membership or wish to confirm membership, please contact the GSNA Headquarters office. 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.

**School System:** \_\_\_\_\_ **School System Contact Name:** \_\_\_\_\_

**School System Contact E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Attendee #1 Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Attendee #2 Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**REGISTRATION (Please select a meeting location below.)**

Forms must be received in the GSNA office by February 16, 2026 in order to attend a session.

**REGISTRATION RATE**

**Meeting Registration for February 23<sup>rd</sup> – Whitfield County** **\$75** (per attendee)  
Includes one day meeting registration with lunch

**Meeting Registration for February 24<sup>th</sup> – Columbia County** **\$75** (per attendee)  
Includes one day meeting registration with lunch

**Meeting Registration for February 25<sup>th</sup> – Houston County** **\$75** (per attendee)  
Includes one day meeting registration with lunch

**Meeting Registration for February 26<sup>th</sup> – Valdosta City** **\$75** (per attendee)  
Includes one day meeting registration with lunch

**Meeting Registration for February 27<sup>th</sup> – Glynn County** **\$75** (per attendee)  
Includes one day meeting registration with lunch

**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 POLICY:** Full payment must accompany all registrations.

**CANCELLATIONS:** All cancellations must be made in writing to GSNA.

If notice of cancellation is received prior to **February 16, 2026**, a refund (less \$10.00 administrative fee) will be issued. **We encourage you to send someone in your place.**