



MdSNA 2019 Convention Registration

October 25-26, 2019 | Delta Hotels Baltimore Hunt Valley, 245 Shawan Road, Hunt Valley, MD 21031



Pre-registration must be postmarked by **October 4, 2019**. Mailing your registration by this date will allow you to pass through registration much more quickly than if you register on-site. **OR SKIP THE PAPER - REGISTER AND PAY ONLINE AT WWW.MDSNA.ORG.** After October 4, you must register on-site.

CONVENTION HOTEL INFO: Stay at the Delta Hotels Hunt Valley. Visit Mdsna.org, for info and a direct link to discounted online hotel reservations.

I. Tell Us About Yourself - Please print clearly

First and Last Name AS YOU WANT IT TO APPEAR ON YOUR NAME TAG _____

Phone (____) _____ Work Phone (____) _____ Email _____

Is this your first MdSNA Convention? Yes No Have you worked 20+ years in School Foodservice? Yes No

Check here if you work in your county's Central Office. County Where Employed _____

What title should we put on your badge (ex: Food Service Personnel, Food Service Manager, etc.) _____

If you are purchasing a package for guests, please list their names here for name tags _____

Do you require specific dietary accommodations for Friday evening banquet? Please check below (must receive by October 4th):

PLEASE NOTE: You **MUST** pre-register a dietary accommodation to ensure you receive an Accommodation Card to provide to your server and an appropriate substitute is available.

Vegetarian Gluten Free Peanut/Tree Nut Fish/Shellfish Egg Dairy Soy Other: please specify _____

II. Choose Your Convention Package - Please check the box next to the package you are purchasing and circle the amount you owe.

Mark Selection Below	Includes Exhibits at Hunt Valley Inn	Includes Friday Evening Awards Banquet	Includes Saturday Breakfast and Lunch	Includes Saturday's Professional Development	Pre-Registered Member/Retiree	Member On-Site Registration	Non-Members and Guests Pre-Registration and On-Site
<input type="checkbox"/> Two-Day Package Best value!	X	X	X	X	\$115	\$140	\$150
<input type="checkbox"/> Friday Full Day	X	X			\$75	\$100	\$110
<input type="checkbox"/> Exhibits Only (Friday afternoon)	X				\$50	\$50	\$85
<input type="checkbox"/> Saturday Full Day			X	X	\$50	\$75	\$80

No one under 16 will be permitted in the Exhibit Hall.

Important note: Your membership must be valid through October 31, 2019, to register at the member rate. Please check your MdSNA or SNA card or contact Michele Switzer at admin@mdsna.org or 410-740-7278 for your membership expiration date. If you pay the member rate and your membership is not valid through October 31, 2019, your registration will not be processed.

Amount Due for Section II
\$ _____

III. Purchase Add-On's

Please indicate the number of tickets you are purchasing.

- _____ Friday, 8am-Noon SNS (School Nutrition Specialist) Credentialing Exam - \$0 MUST REGISTER at schoolnutrition.org
- _____ Friday, 9am Pre-Conference Ed Session Field Trip "McCormick Factory Tour" (worth 2 CEU's), \$10 per person
- _____ Friday, 10am Pre-Conference Ed Session Field Trip "McCormick Factory Tour" (worth 2 CEU's), \$10 per person
- _____ Friday Evening Awards Banquet at Delta Hotels Baltimore Hunt Valley, \$75 per person

Amount Due for Section III
\$ _____

IV. Make Payment

Total the amount due from Sections II and III and enter that amount in the box at right. Payment by cash, check, money order or credit card MUST be included with registration form. Make checks payable to MdSNA. To protect yourself, please **DO NOT** email credit card information. **Mail form and payment to: MdSNA Convention Registration, 21912 Goshen School Road, Gaithersburg, MD 20882.**

Cancellation Policy: All cancellations must be in writing to MdSNA via mail or email and be received by October 4, 2019. NO refunds will be given for cancellations received after that date or for no-shows. Registrations are not transferrable. **Returned Check Policy:** MdSNA charges \$25 for returned checks.

Total Due: (sections II and III)
\$ _____

Payment Type: Cash Check _____ (check number) Credit Card (complete ALL information below)

Credit Card Payments	<input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Exp. Date month	<input type="text"/>	year	<input type="text"/>	Security Code	<input type="text"/>	Signature	_____			
	Print Name as it appears on credit card	_____						Billing Zip Code	<input type="text"/>	<input type="text"/>	<input type="text"/>