



Feeding Bodies. Fueling Minds.™

# 2018 OSNA Industry Seminar

Friday, October 12, 2018

Camp Withycombe Armory

15300 SE Minuteman Way | Clackamas, OR 97015

Register using this form. Please **submit one registration form per person.**

Membership # (see membership card) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Name as you would like it to appear on nametag

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School District/Organization Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## REGISTRATION INFO & RATES

Onsite conference registration and badge pickup begins at 8:00 am on the day of the seminar. Registration includes access to the USDA Foods Show, all seminar presentations, and light snacks/desserts.

*Scholarships are available.* Please contact Lynne Shore at [lynne.shore@willamina.k12.or.us](mailto:lynne.shore@willamina.k12.or.us) for information.

To complete your registration, please put an **X** in the appropriate boxes:

Early Bird Registration: \$75.00 per person (Before Sept. 14, 2018)	<input type="checkbox"/>
Regular Registration: \$100.00 per person (After Sept. 14, 2018)	<input type="checkbox"/>
Group Registration: \$200/group of 3 or more from same district (Before Sept. 14, 2018)	<input type="checkbox"/>

## PAYMENT OPTIONS

### By CHECK/CASH

Make checks payable to:

Oregon School Nutrition Association

Mail or email to:

OSNA  
Attn: Kelli Gladheim  
PO Box 1525  
Lake Oswego, OR 97035

EMAIL: [gladheimkk@gmail.com](mailto:gladheimkk@gmail.com)

### By VISA or MASTERCARD

If paying by credit card, you can mail or email this form to the addresses to the left.

Name \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registrant agrees to indemnify and hold harmless to the Oregon School Nutrition Association from and damage to person or property as a result of his/her participation in the association or association-sponsored activities.

**GROUP REGISTRANTS**

If you are registering as a group, the lead person should fill in their SNA/OSNA membership number, name and school district on the previous page. Please list the individuals who are part of your group below and submit along with the Industry Seminar registration form as described on page 1.

Please list names as the registrants would like to see them on their conference badges. Thank you!

**Name of School District** \_\_\_\_\_

**Group Registrants**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_