

GSNA Annual Conference April 10-12,2025 "Team Up for School Nutrition!"



The Classic Center – Athens, GA

	<u>payment</u> to GSNA, 2372 Main Street, Tucker, GA 300 meeting activities accessible to all attendees. For ions.				
		Title:			
	nty:	E-mail:			
REGISTRATION RA	TES		EARLY MEMBER Before 3/17/25	REGULAR MEMBER After 3/17/25	NON- MEMBE
(FR) Full Regist	tration – Rate includes ALL sessions & events in	cluding the Tailgate Party.	\$300	\$330	\$365
(FRA) Full Registration Additional Attendee from Same System (pricing only after 4 registrants from same system)				\$310	\$345
(FO) Friday ONLY - Rate includes ALL sessions & events including the Tailgate Party.				\$280	\$295
(SO) Saturday ONLY- Rate includes ALL sessions & events. If arriving on Friday after Exhibits close, please select a ticket to attend the Tailgate Party.				\$260	\$275
(RSG) Retiree/Student/Guest – Guests are attendees NOT working in school nutrition. Includes all conference events.				\$205	
(RGSPP) Retired GSNA State Past President – Rate for RETIRED past STATE presidents ONLY.					
(ABBT) Additional Tailgate Party Ticket - Does NOT include conference registration or other conference-related events.			ner \$55		
2025 Confere	nce Jersey – All registrations include a confer your size here. Registrations received AFTER Ma				
	PR	E-CONFERENCE SESSIONS			
\$40 - Procurement Essentials: Building a Strong Procurement Foundation for Serving Quality School Meals presented by GADOE School Nutrition Program		\$40 - Tour of UGA Teaching Dairy Farm sponsored by The Dairy Alliance Limited to 22 participants		\$40 – Tour of University of Georgia Dining Services	
List Additional School codes listed above to	Nutrition Employees from SAME system – indicate your registration rate and additTitle:	f you need more space, pl onal conference selections	ease use an additional f	orm. Please use the r essions A, B or C.	egistration
Registration Rate	Pre-Conference Session	Additional Party Ticket	Jersey Size]1st Time Attended	Э
Name:	Title:		Email:		
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-	Pre-Conference Session A				e
REGISTRATION RATE TO	OTAL \$ + PRE-CON SESSION TOTAL	\$+ ADDITIONAL PAR	TY TOTAL \$ = TOTA	L AMOUNT DUE: \$	
Card Number:	Exp	o. Date:	Security Code:		
Cardholder's Name: _	A	uthorized Signature:			
Cardholder Billing Add	dress : Street address	City	State	Zip Code	
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