



# GSNA Annual Conference

April 16-18, 2026

**"Celebrating 75 Years of GSNA"**

Jekyll Island Convention Center-Jekyll Island



Return registration form & payment to GSNA, 2372 Main Street, Tucker, GA 30084. Email: [info@georgiaschoolnutrition.com](mailto:info@georgiaschoolnutrition.com) Fax: 770-934-8917; Phone: 770-934-8890. GSNA is committed to making all meeting activities accessible to all attendees. For special needs, including dietary, call the GSNA office. Full payment or purchase order # must accompany all registrations.

## REGISTRATION RATES

	EARLY MEMBER Before 3/18/26	REGULAR MEMBER After 3/18/26	NON-MEMBER
<b>(FR) Full Registration</b> – Rate includes ALL sessions & events including the 75 <sup>th</sup> Silver & Gold Celebration.	\$300	\$330	\$365
<b>(FRA) Full Registration Additional Attendee from Same System</b> (pricing only after 4 registrants from same system)	\$280	\$310	\$345
<b>(FO) Friday ONLY</b> – Rate includes ALL sessions & events including the 75 <sup>th</sup> Silver & Gold Celebration.	\$260	\$280	\$295
<b>(SO) Saturday ONLY</b> – Rate includes ALL sessions & events. If arriving on Friday after Exhibits close, please select a ticket to attend the 75 <sup>th</sup> Silver & Gold Celebration.	\$230	\$260	\$275
<b>(RSG) Retiree/Student/Guest</b> – Guests are attendees NOT working in school nutrition. Includes all conference events.	\$175	\$205	
<b>(RGSP) Retired GSNA State Past President</b> – Rate for RETIRED past STATE presidents ONLY.	\$155		
<b>(ABBT) Additional 75<sup>th</sup> Silver &amp; Gold Celebration Ticket</b> - Does NOT include conference registration or other conference-related events.	\$65		

**2026 CONFERENCE T-SHIRT** – All registrations include a conference T-shirt. The available sizes are Small, Medium, Large, XL, 2X, 3X and 4X. Registrations received **AFTER March 31<sup>st</sup>** cannot be guaranteed to include a conference T-shirt.

## PRE-CONFERENCE SESSIONS - \$50 per session -Thursday, April 16<sup>th</sup> – 1:00 – 4:00 PM

**SESSION A - Tour of Rich's Facility**

**SESSION B - School Nutrition Director Pathways**

**List Attendees** – If you need more space, please use an additional form. Please use the registration codes listed above to indicate your registration rate and additional conference selections. **NOTE: pre-conference session CODES A or B.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Registration Rate \_\_\_\_\_ Pre-Conference Session \_\_\_\_\_ Additional Celebration Ticket \_\_\_\_\_ T-shirt Size

1<sup>st</sup> Time Attendee (Please check if you are a 1<sup>st</sup> Time attendee)  Awards Reception -4/18/26 @ 3:30 PM (Please check if you are attending)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Registration Rate \_\_\_\_\_ Pre-Conference Session \_\_\_\_\_ Additional Celebration Ticket \_\_\_\_\_ T-shirt Size

1<sup>st</sup> Time Attendee (Please check if you are a 1<sup>st</sup> Time attendee)  Awards Reception -4/18/26 @ 3:30 PM (Please check if you are attending)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Registration Rate \_\_\_\_\_ Pre-Conference Session \_\_\_\_\_ Additional Celebration Ticket \_\_\_\_\_ T-shirt Size

1<sup>st</sup> Time Attendee (Please check if you are a 1<sup>st</sup> Time attendee)  Awards Reception -4/18/26 @ 3:30 PM (Please check if you are attending)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Registration Rate \_\_\_\_\_ Pre-Conference Session \_\_\_\_\_ Additional Celebration Ticket \_\_\_\_\_ T-shirt Size

1<sup>st</sup> Time Attendee (Please check if you are a 1<sup>st</sup> Time attendee)  Awards Reception -4/18/26 @ 3:30 PM (Please check if you are attending)

**PAYMENT:**  Check  MasterCard  VISA  AMEX  Purchase Order# \_\_\_\_\_

**REGISTRATION RATE TOTAL \$ \_\_\_\_\_ + PRE-CON SESSION TOTAL \$ \_\_\_\_\_ + ADDITIONAL CELEBRATION TOTAL \$ \_\_\_\_\_ = TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CANCELLATION:** Cancellations must be made in writing to GSNA. If notice of cancellation is received **prior to 3/31/26**, a refund (less a \$50.00 administrative fee) will be issued. **Please note that after 3/31/26, NO REFUNDS WILL BE ISSUED. We encourage you to send someone in your place.**