



# Georgia School Nutrition Association 2026 Leadership Training June 4-5, 2026 Unicoi State Park



Return registration form and payment to: Georgia School Nutrition Association, 2372 Main Street, Tucker, GA 30084.

Phone: 770-934-8890 Fax: 770-934-8917 Email: [info@georgiaschoolnutrition.com](mailto:info@georgiaschoolnutrition.com) Website: [www.georgiaschoolnutrition.com](http://www.georgiaschoolnutrition.com)

Please complete information for EACH delegate. 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. **You MUST BE a CURRENT Member of GSNA to register.**

Please check a registration rate for EACH person registering.		<u>Rate</u>
<b>EBMR</b>	<b>GSNA State Executive Board Member Meeting Registration:</b>	<b>\$75</b>
<b>DMR</b>	<b>Delegate Meeting Registration (Local or District Representative):</b>	<b>\$75</b>
<b>ADMR</b>	<b>Additional Delegate Meeting Registration (For additional delegates beyond 2):</b>	<b>\$85</b>

**EBMR**

State Executive Board Member: \_\_\_\_\_

Executive Board Office held: \_\_\_\_\_

*Please put office here (state elected officers, appointed committee chairs and district presidents)*

Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**DMR**

Delegate #1: \_\_\_\_\_ School System: \_\_\_\_\_

District or Local Office held: \_\_\_\_\_

*Please put office here (president-elect, secretary, treasurer, legislative chair, etc.)*

Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**DMR**

Delegate #2: \_\_\_\_\_ School System: \_\_\_\_\_

District or Local Office held: \_\_\_\_\_

*Please put office here (president-elect, secretary, treasurer, legislative chair, etc.)*

Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**ADMR**

Additional Delegate: \_\_\_\_\_ School System: \_\_\_\_\_

District or Local Office held: \_\_\_\_\_

*Please put office here (secretary, treasurer, legislative chair, etc.)*

Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**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 & CANCELLATION**

Full payment must accompany all registrations. **CANCELLATIONS:** All cancellations must be made in writing to GSNA. If notice of cancellation is received prior to May 29, 2026, a refund (less \$10.00 administrative fee) will be issued. **Please note that after May 29, 2026, NO REFUNDS WILL BE ISSUED.** We encourage you to send someone in your place. Send to GSNA at [info@georgiaschoolnutrition.com](mailto:info@georgiaschoolnutrition.com) or FAX 770-934-8917.