

2024 WSNA ANNUAL STATE CONFERENCE REGISTRATION
 July 29- July 31, 2024 | Doubletree by Hilton City Center | Spokane, Washington

Early Bird Deadline: June 30, 2024

Preferred Name on Badge:

 First, Last

 School District/ Job Title

 Mailing Address (Street)

 City, State, Zip

 Telephone

 Email Address

 SNA Membership No. (Required for Membership Pricing)

Are you a District Supervisor or Director? Yes No

Is this your first conference? Yes No

Section "A" - Registration Fees:

Early Bird Rate • EB (postmarked by 6/30/2024)

Regular Rate • RR (postmarked after 6/30/2024)

Non-Member • NM

Please circle at least one	EB	RR	NM
Conference Registration:			
Employee/ Manager	\$175	\$225	\$350
Directors/ Supervisors/ Chef	\$225	\$275	\$450
Pre-Con Registration (Deadline 6/30/2024)			
Field-To-Flavor Tour			\$60
Certified Food Protection Manager Class/ Exam			\$90
	Section "A" Total \$ _____		

*Conference registration includes all breakfasts, Monday Luncheon, Monday Night of Entertainment & Tuesday Dinner Banquet.

Section "B" - Guest Meals:

Meal	# of guests	
Monday Night of Entertainment	\$80 x _____	= \$ _____
Tuesday Medal Ceremony Banquet	\$80 x _____	= \$ _____
	Section "B" Total	\$ _____

Total: \$ _____ (A+B)

Ways to Register:

- Online (Preferred): Go to www.washingtonsna.org and click on the link for online registration.
- Mail: Send form with payment information to:
 Washington SNA (or WSNA)
 PO Box #133301
 Spring, TX 77393

Registration Payment

****Purchase orders will not be accepted****

Total: \$ _____ (A+B)

CHECK enclosed, payable to WSNA

CREDIT CARD

MasterCard Visa Discover AmEx

Card # _____

Exp Date ___/___ Security Code _____

Signature (Required): _____

Printed Name on Card: _____

Zip of Billing Address: _____

Liability & Indemnification Agreement

I understand there is some risk inherent in traveling to and from, and because of attending the WSNA Conference in Spokane July 29-31, 2024. I hereby release WSNA and the committees, members, officers, employees, as well as other participants and other person who may take part in said conference from all liability from injury, death, and property damage that may be suffered in connection with such activities, where due to negligence or otherwise, accepting such risks involved and waiving all right or any kind that might otherwise arise. I agree to indemnify WSNA, its committees, members, officers, employees, and directors against all judgements obtained and against the cost of defense of such claims including reasonable attorney's fees.

Signature: _____

Date: _____

IMPORTANT • PLEASE READ

Contact WashingtonSNAInfo@gmail.com by June 30 if you require a special diet or require special services under the Americans with Disabilities Act of 1990.
 Requests received after this date may not be accommodated.

Refund & Returned Check/ Denied Credit Card Policy

Cancellations must be in writing and received by July 10. Cancellations received by July 10 will be refunded less a \$15 administrative fee. No refund if the request is made after July 10. A \$20 fee will be assessed for returned checks.