

Register online at www.CalSNA.org

Join Us

Child Nutrition
& Industry
Summit 2020

MAY 3-5, 2020

Marriott Marquis
San Diego Marina
333 W. Harbor Dr.
San Diego, CA 92101

You will want to join us for CSNA Child Nutrition & Industry Summit 2020 in San Diego. Plan on arriving early or staying late to take advantage of everything the Marriott Marquis San Diego Marina has to offer.

Take care of the lodging details now! Hotel Reservation Cut-Off date is Saturday, April 11.

Lodging at Marriott Marquis San Diego Marina is \$249 per night, plus tax. Subject to availability, the rate will be honored 3 days pre/post conference. We negotiated with the hotel to waive the resort fee for our group. Parking is discounted to \$30 per night

Reservations can be made by calling the Hotel Directly at:
619-234-1500



2020 Child Nutrition & Industry Summit Registration Form

Name _____
 District/Company _____
 Job Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ FAX _____
 Email _____
 Please Tell Us Your Character Quality (i.e. Patient, Kind, Humble, etc.) _____

SUMMIT FEES

	Before March 20	After March 20	Total
CSNA Member - School District <i>Includes Monday Night Reception</i>	\$445	\$495	_____
Monday Only - School District Marketing Rep <i>Must be accompanied by a Full Registrant from the Same School District</i>	\$175	\$225	_____
Non-CSNA Member - School District <i>Includes Monday Night Reception</i>	\$495	\$545	_____
CSNA Member - Industry	\$495	\$545	_____
Non-CSNA Member - Industry	\$545	\$595	_____
GUEST	\$345	\$395	_____
<i>(Guest Fee Includes all CSNA meal events. Does NOT include Sessions)</i>			
GUEST NAME _____			
Installation of Officers Dinner ONLY - Sunday, May 3		\$100 x _____ = _____	
Monday Night Industry Party Sponsorship**		\$700	_____
<i>**Includes 4 Tickets for your company use. Additional Tickets will be available at \$85 each)</i>			
Additional Tickets for Industry Party - Monday, May 4		\$85 x _____ = _____	
	Total Amount Enclosed	\$	_____

Credit Card Number _____ Exp Date _____
 Billing Address _____
 Billing Zip Code _____ V-Code _____ Signature _____

If paying with a Credit Card, you may FAX Completed Registration to 818-843-7423

Please make checks payable to CSNA. SORRY, NO PURCHASE ORDERS.
 Please send your completed Registration Form with Fee to:
 CSNA Industry Seminar, PO Box 11376, Burbank, CA 91510