

# INSTALLATION DINNER

## In conjunction with the Child Nutrition & Industry Summit 2019

# MAY 5, 2019

LAGUNA CLIFFS MARRIOTT RESORT & SPA  
25135 PARK LANTERN  
DANA POINT, CA 92629

*This is to invite your support for CSNA's 13th Annual Installation of Officers which will be held on May 5, 2019, at the Laguna Cliffs Marriott Resort & Spa in beautiful Dana Point! We invite you to join us for a fabulous dinner and an unforgettable evening. Our goal is to make this a truly special occasion for all our members, including our sustaining members who support the Association in so many important ways. This night is organized to express our appreciation to volunteers and members for their time, dedication and commitment to the Association on behalf of California's children. We will celebrate the installation of the new Association officers, and welcome new Board members. This will be incorporated into our Industry Seminar program being held Sunday - Tuesday, but members can register for the Installation Dinner only. We hope you can join us for all or part of this weekend.*

*Your support and dedication to feeding California's children is greatly appreciated.*

### 2019 INSTALLATION DINNER REGISTRATION FORM

Name \_\_\_\_\_  
District/Company \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Email \_\_\_\_\_

### DINNER FEES & SPONSORSHIP OPPORTUNITIES

CSNA Member **\$100** \_\_\_\_\_  
Non-CSNA Member or Guest **\$100** \_\_\_\_\_

GUEST NAME \_\_\_\_\_

#### SPONSORSHIP OPPORTUNITIES

**GOLD SPONSOR LEVEL** **\$500** \_\_\_\_\_  
(includes VIP seating for 3, Recognition in Program and PoppySeeds)

3 NAMES \_\_\_\_\_

**SILVER SPONSOR LEVEL** **\$300** \_\_\_\_\_  
(includes VIP seating for 2, Recognition in Program and PoppySeeds)

2 NAMES \_\_\_\_\_

**BRONZE SPONSOR LEVEL** **\$150** \_\_\_\_\_  
(includes VIP seating for 1, Recognition in Program and PoppySeeds)

NAME \_\_\_\_\_

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  
Or, Email to [jnichols@CalSNA.org](mailto:jnichols@CalSNA.org)

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