TASN 2018-2019 Fall Managers Academy Registration Form

Managers must be TASN Level 1 certified before registering

Name: _____ Member #: _____

District: _____ Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Best Number to Reach You: _____

E-mail: _____

The Managers Academy will be held in conjunction with the first board meeting and second board meeting.

October 3-4, 2018
Location: Austin Marriott South
Phone: (512)441-7900
4415 South IH-35 Austin, TX 78744
Hotel Cut-off Date: September 28, 2018

Date: February 5-6, 2019
Location: Austin Marriott South
Phone: (512)441-7900
4415 South IH-35 Austin, TX 78744

Registration Deadline: September 12, 2018

Registration Information: Fee: $395.00 per student (Fee includes lunch each day)
*A minimum of 20 attendees must be registered (maximum 35 attendees)
*You must be a current TASN member

MAIL: Registration form and check or Purchase Order to:
Texas Association for School Nutrition
4130 Spicewood Springs Road Ste. 201
Austin, TX 78759

FAX: Registration form with credit card info to:
Texas Association for School Nutrition
(512) 371-0125

LIABILITY & INDEMNIFICATION AGREEMENT: Each form must be signed before registration can be processed. I request that you accept me as a participant at the TASN 2018-2019 Fall Managers Academy that will be held at Austin Marriott South 4415 IH-35 Austin, TX 78744 and I understand there is some risk inherent in traveling to and from and as a result of attending the academy. The undersigned hereby releases TASN and the committees, members, officers, employees and directors from all liability for injury, death and property damage that may be suffered in connection with such activities, whether due to negligence or otherwise, accepting such risks involved and waiving all rights of any kind that might otherwise arise. The undersigned agrees to indemnify TASN, its committees, members, officers, employees and directors against all judgments obtained and against the cost of defense of such claims, including reasonable attorney's fees.

PHOTO RELEASE: I grant TASN, its representatives, and employees the right to take photographs of me and my property. I authorize TASN to copyright, use and publish the same in print and/or electronically. I agree that TASN may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, social networking, and web content.

Signature: _____ Date: _____

Payment Information:

Discover __ Visa __ MasterCard __ Amex __ Credit Card or Check # _____

Expiration Date _____ Zip Code:_____

Name on Card _____