

Registration Form
TASN 2019-2020 Administrative Academy
You must attach a letter of recommendation with your form.

Name: _____ Member #: _____ District: _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____
Best Contact Number: _____ E-mail: _____

Registration Information:

Fee: \$550.00 per student (includes breakfast and lunch)

***A minimum of 20 students must be registered**

***Letter of recommendation or sponsor letter from Superintendent/Director**

***You must be a current TASN member**

Three Ways to Register:

1. MAIL: Registration form and check to:

Texas Association for School Nutrition
4130 Spicewood Springs Rd. #201
Austin, TX 78759
512-371-0087 Contact: Tatiana Marchizano ext. 207

FAX: Registration form with credit card info to:

Texas Association for School Nutrition
(512) 371-0125

2. PO NUMBER: _____

Purchase Order paperwork must accompany registration forms.

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

Date: October 7-8, 2019

Location: The Woodlands Waterway Marriott

Phone: (281) 367-9797

Address: 1601 Lake Robbins Dr

The Woodlands, TX 77380

Date: February 13-14, 2020

Location: Austin Marriott South

Phone: (512) 441-7900

Address: 4415 S IH 35 Frontage Rd

Austin, TX 78744

***Please note: You are responsible for your own hotel reservations**

***Registration Deadline: September 23, 2019**

***All PO payments must be received by: Before October 7, 2019**

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 2019-2020 Administrative Academy at The Woodlands Waterway Marriott 1601 Lake Robbins Dr, The Woodlands, TX 77380 (**October**) and Austin Marriott South 4415 S IH 35 Frontage Rd Austin, TX 78744 (**February**) 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:

Check #: _____ Credit Card Type: Visa _____ Mastercard _____ AMEX _____ Discover _____

Expiration Date _____ CSV/CVV Code: _____ Zip Code: _____

Name on Card _____