



*Making the right food choices, together.*

TENNESSEE SCHOOL NUTRITION ASSOCIATION  
FALL LEADERSHIP  
Embassy Suites/Cool Springs  
820 Crescent Centre Drive  
Franklin, Tennessee

September 7 and 8, 2010

REGISTRATION FORM

School System \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Position Held:

Executive Board Member

Chapter Officer

Committee Member

Other

\*Registration (Includes Tuesday's Dinner) .....\$ 10.00

Total Amount Included \$ \_\_\_\_\_

Please make check payable to **TSNA** and mail to:

Charles White, Executive Director  
Tennessee School Nutrition Association  
4214 Hickory Ridge Road  
Lebanon, TN 37087  
615-443-2288

\* **Cancellations with full refunds** will be honored through August 27, 2010, if requested in writing.