



TASN 2025
PARTNERSHIP COLLABORATION SUMMIT
REGISTRATION FORM
January 27-29, 2025 | Rockwall, Texas

REGISTRATION & PAYMENT DEADLINE: JANUARY 7, 2025

All information below is required.

Registrant Info

Name: _____ Member #: _____
Mailing Address: _____
City/State/Zip: _____ ISD/Company: _____
Phone: _____ Mobile: _____
Email: _____ Emergency Contact: _____
Allergies or Special Requirements: _____
Number of Years Experience Working in Child Nutrition: _____

REGISTRATION INFORMATION (TASN members only)

REGISTRATION: Deadline is January 7, 2025
(Must be postmarked by January 7, 2025.)
All attendees must complete and sign a registration form.

REGISTRATION FEE: \$475

CANCELLATION: All cancellations must be received in writing no later than December 20, 2024. There will be a \$50.00 administrative fee on all cancellations. No refunds will be made after December 20, 2024.

PAYMENT

Please Circle: Check Visa MC AmEx Discover
Check/Credit Card #: _____ Exp Date: _____
Name on Card: _____ Security Code: _____
Billing Address: _____
Billing Zip Code: _____ Total to be Charged: _____
Remit payment to: TASN, 5910 Courtyard Dr., #230 Austin, TX 78731

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 Partnership Collaboration Summit to be held in Rockwall, TX at the Rockwall Hilton Hotel from January 27-29, 2025. I understand there is some risk inherent in travelling 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 judgements obtained and against the cost of defense of such claims, including reasonable attorney's fees.

INITIAL

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 purposes, including such purposes as publicity, illustration, advertising, social networking, and web content.

INITIAL

Signature (required): _____ Date: _____