

REGISTRATION FORM

Orientation to School Nutrition Management Seminar

June 9 - 13, 2008

Presented by

National Food Service Management Institute

The University of Mississippi – Oxford, Campus

Registration Deadline: May 16, 2008

Space is limited. This program is funded for employees of Child Nutrition Programs and those seeking employment in the School Nutrition Program. Priority registration will be given to individuals currently employed in School Nutrition Programs. Participants should plan to attend the entire seminar. Registration is not complete until payment is received by NFSMI and written confirmation provided to participant.

Release: I hereby irrevocably authorize the National Food Service Management Institute – The University of Mississippi and its designees (collectively “NFSMI”) to use in any medium or media all of or any portion of photographic or digital images, film, slides, videotape, or voice recordings taken of or by me (“Materials”). I hereby release all rights and privileges, monetary and otherwise, concerning the uses, reproduction, and distribution of any publications, recordings, photographs, videotapes, World Wide Web pages or other Internet offerings, or other uses or productions of the materials to NFSMI. Without limiting the other rights granted in this agreement, I agree that NFSMI may use my name, image or likeness, statements, and voice reproductions without further approval from me. I release NFSMI from any and all claims and demands arising out of or in connection with the use of Materials including but not limited to, any claims for invasion of privacy, appropriation of name or likeness, or right of publicity.

Name (Mr. or Ms.) _____

Title _____

Organization _____

Address _____

City _____ State _____

Zip _____

Phone _____

Fax _____

E-Mail _____

Signature _____ Date _____

Number years experience in Child Nutrition Programs _____

Number years as a School Food Service Director/Supervisor _____

Please check if you require special assistance relating to a disability _____

Special dietary needs: _____

Registration Fee: \$150.00

Method of Payment:

____ Check Enclosed (payable to NFSMI)

____ Agency Purchase Order

(# _____)

____ Credit Card Visa MasterCard

Credit Card

Expiration

Date _____

Name on Credit

Card _____

Registration confirmation for the seminar will be by e-mail.

Please return registration form and payment to:

National Food Service Management Institute
The University of Mississippi

Attention: Financial Assistant-MS Orientation 08

P.O. Drawer 188

University, MS 38677-0188

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