

**Registration Form**  
**TASN Fall/Spring 2024-2025 Administrative Academy**

*You must attach a letter of recommendation with your form.*

To attend Administrative Academy a member must be a member in good standing, 3 years school food service experience OR an unofficial transcript of an Associate Degree + 2 years of school food service experience OR Bachelor's Degree in a related field

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

District: \_\_\_\_\_ Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_ Allergies: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Registration Information:**

**Fee: \$575.00 per student**

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

**\*Be a TASN member in good standing**

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

**Ways to Register:**

**1. Mail or fax registration form and payment to:**

Texas Association for School Nutrition  
5910 Courtyard Drive # 230  
Austin, TX 78731  
(512)-371-0125

**2. PO NUMBER: \_\_\_\_\_**

**Purchase Order paperwork must accompany registration forms.**

The Administrative Academy will precede the TASN Board Meeting

**Dates: October 21-22, 2024 // February 19-20, 2025**

**Location: Austin Marriott South – 4415 S I-35 Frontage Rd, Austin, TX 78744**

**\*Registration Deadline: September 13, 2024**

**\*All PO payments must be received by: September 13, 2024**

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 2024-2025 Administrative Academy at the **Austin Marriott South**, 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. I confirm that the contact information provided above is accurate and in the event of any event changes that they be communicated through the contact information listed.

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 Code: \_\_\_\_\_ C/C Number: \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_