

Private Exhibitor Meeting Room Application

Return forms by Tuesday, May 31, 2022, to Sara Kilkenny at skilkenny@schoolnutrition.org or fax to 703-824-3015

Event Name/Title/Description (Please attach ag	enda):			
Planning Company:	Planning on behalf of:	Planning on behalf of:		
Supporter Contact Name:	Supporter Contact pho	Supporter Contact phone:		
Planner Contact Name:	Title:	Title:		
Planner Email:	Planner Phone:	Planner Phone:		
Address:				
City: State:	Zip Code:	Country:		
Type of Group: Corporate/Industry Meeting Name:				
Type of Event:				
☐ Board or Committee Meeting ☐ Hospitality Suite (Hotel Suite, not meeting space)				
Social Event/Reception	☐ Focus Group			
Office	Staff Meeting (Internal Meeting)			
Preferred Location: Orange County Co	nvention Center			
<u>Date:</u> ☐ Sat 7.9.22 ☐ Sun 7.10.	22	2		
Rental Fees:				
	noted previously, any additional nee	hours are reserved, a 10% discount wilds such as food & beverage, AV, and/oreting space.		
Saturday, July 9	Sunday, July 10	Monday, July 11		
☐ Full Day ☐ 8:00am-10:00am ☐ 10:30am-12:30pm ☐ 1:00pm-3:00pm ☐ 3:30pm-5:30pm	☐ Full Day ☐ 8:00am-10:00am ☐ 10:30am-12:30pm ☐ 1:00pm-3:00pm ☐ 3:30pm-5:30pm	☐ Full Day ☐ 8:00am-10:00am ☐ 10:30am-12:30pm ☐ 1:00pm-3:00pm ☐ 3:30pm-5:30pm		

	Tuesday, July 12	Wednesday, July 12			
	☐ Full Day ☐ 8:00am-10:00am ☐ 10:30am-12:30pm ☐ 1:00pm-3:00pm ☐ 3:30pm-5:30pm	☐ Full Day ☐ 8:00am-10:00am ☐ 10:30am-12:30pm ☐ 1:00pm-3:00pm ☐ 3:30pm-5:30pm	Total number of Hours: Total Rental Fee:		
Exp	pected Number of Attendees:	_			
Aud	Audiovisual Required: YES NO Comments:				
Foo	od and Beverage Require	NO Comments:			
	Classroom Conferen Reception Rounds	ce Hollow Square Theater	U-Shape Other		
<u>Sp</u>	ace Assignment Information:				
rec		onfirmed via email by SNA. Once s ting facility to make further arranger	d basis, and on date application is bace is assigned and you receive your ments. Menus will be provided by the		
eve	Services is the official audiovisual cent. All arrangements for audiovisual Services, and not through SNA.		r services are available for your affiliate billing, must be made directly with		
<u>Pa</u>	yment Method:				
	☐ American Express ☐	Discover	☐ Visa Check		
	☐ (make checks payable to SNA–P.O. Box 719297, Philadelphia, PA 19171-9297				
	Billing Address/City/State/Zip (Enter the address as it appears on the billing statement)				
	Card Number		Expiration Date		
	Cardholder Name		Cardholder Signature		
	For SNA Meetings Office Use On	ly (Accounting):			
	SNA Administrative Fee to charge: \$				