

**Food and Nutrition Services Training
 Sheraton Greensboro Hotel at Four Seasons, Joseph S. Koury Convention Center
 Greensboro, North Carolina
 April 11 – 13, 2018**

REGISTRATION FORM

*******REGISTRATION DEADLINE - No later than Tuesday, March 6, 2018*******

Fax To: **Melodie Ford: (919) 334-1265**
 Email To: melodie.d.ford@dhhs.nc.gov
 (Confirmation will be provided for registrations received via email only)

County: _____

Date: _____

Completed By: _____

Phone #: _____

The following staff will attend the Food and Nutrition Services Training:
(Please print legible. This list will be used to make name badges for attendees.)

Name (Please type)	Title	4/11/18 Overnight Stay Y or N	4/12/18 Overnight Stay Y or N	Disability Accessible Room Y or N	Breakfast 4/12/18 Y or N	Lunch 4/12/18 Y or N	Breakfast 4/13/18 Y or N	Requesting Vegetarian Y or N

If staying overnight, indicate attendees staying in each room below. For check-in purposes, rooms will be placed in the individual's name listed on the first line.

Room 1	

Room 2	

-Rooms will be paid directly by the State; however, the State **will not pay for incidentals such as telephone charges, in-room movies, Wi-Fi, or room service. Individuals will be required to present a credit card at check-in to cover incidental charges.**