

School Nutrition Association of Virginia
STATE LEGISLATIVE ACTION DAY

Yes, I plan to attend the SNA-VA event on 1/21/2008

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Email: _____

(Please provide an email or contact for last minute updates)

Home City or County: _____

Local Chapter, if applicable: _____

Name of Company (Industry Friends): _____

IMPORTANT STEP: Please complete the form below. If unknown, visit www.sna-va.org or call your local voter registration office to find the name of your **STATE SENATOR AND STATE DELEGATE. Then submit this form.**

State Senate District: _____

Name of Senator: _____

House District: _____

Name of Delegate: _____

Return completed form no later than **January 4, 2006**, to:

Linda Irby
One Franklin Street, 3rd Floor
Hampton, VA 23669
lirby@sbo.hampton.k12.va.us
FAX: (757) 727-2352