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Dear All WABA Feed Members:

Plans are now finalized for three upcoming WABA Feed Industry Meetings. We think you will find the topics of utmost importance and highly informative. The meetings will be held:

Monday, April 10th
Best Western Arrowhead Lodge
600 Oasis Road
Black River Falls, WI

Tuesday, April 11th
Wintergreen Resort
60 Gasser Road
Wisconsin Dells, WI

Wednesday, April 12th
The Machine Shed
220 North Fox River Drive
Grand Chute, WI (Appleton)

The agenda for these meetings will be:

5:00 – 5:30	Sign In and Social Time
5:30 – 6:15	Dinner
6:15 - 8:15	<p>Program:</p> <p style="text-align: center;">Tools and Information To Help Manage The Current Challenges In Feed Manufacturing</p> <p>Topics: Veterinary Feed Directives Updated Information on the FDA Food Safety Modernization Act Medicated Feed Labeling and Record Requirements</p> <p>Presenters: Wayne Nighorn, Agress Consulting LLC Dr. Katie Mrdutt, Wisconsin Veterinary Medical Association Note: Dr. Mrdutt is only available for the March 10 and 11 meetings. Wayne will cover all topics on March 12.</p>
8:15 - 8:30	Your Time to Share Wants, Needs, and Concerns with WABA
8:30	Adjourn

The registration fee to attend these Regional Feed Industry Meetings will be \$50 per person. Please use the attached registration form to register for these meeting. To assure an adequate number of meals, registration information for the meetings needs to be received by WABA by no later than Friday, April 7th. Registration information can be completed on-line, by FAX (to 608-223-1147), or mailed. Registration fees can be mailed to the office, paid in cash or check at the door, or can be paid on-line or called in by credit card



WABA Regional Feed Meetings

Registration Form

I would like to attend the Regional Feed Meeting for \$50/person on:

- Monday, April 10th – Best Western Arrowhead Lodge, Black River Falls
- Tuesday, April 11th – Wintergreen Resort, Wisconsin Dells
- Wednesday, April 12th – The Machine Shed, Grand Chute (Appleton)

Company _____

Attendee #1 _____

Attendee #2 _____

Attendee #3 _____

Attendee #4 _____

_____ Will pay at the door

_____ Check enclosed

_____ Charge my credit card (Visa, MasterCard or Discover):

Credit Card Number: _____

Name on Credit Card: _____

Billing Address of Credit Card: _____
Address City/State/Zip

Expiration Date: _____

Email: _____