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 27**  
Machine Shed  
220 North Fox River Dr.  
Grand Chute (Appleton), WI

**Tuesday, April 28**  
29 Pines Restaurant  
5872 33rd Ave.  
Eau Claire, WI

**Wednesday, April 29**  
Wintergreen Resort  
100 North Gasser Road  
Wisconsin Dells, WI

The agenda for these meetings will be:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>5:00 – 5:30</td>
<td>Registration and Social Time</td>
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<tr>
<td>5:30 – 6:15</td>
<td>Dinner</td>
</tr>
<tr>
<td>6:15 - 8:00</td>
<td>Program</td>
</tr>
<tr>
<td>8:00 - 8:15</td>
<td>Other Topics of Interest, Comments and Questions</td>
</tr>
<tr>
<td>8:15</td>
<td>Adjourn</td>
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</tbody>
</table>

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 17th. 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.
I would like to attend the Regional Feed Meeting for $50/person on:

☐ Monday, April 27 – The Machine Shed, Grand Chute (Appleton)
☐ Tuesday, April 28 – 29 Pines Restaurant, Eau Claire
☐ Wednesday, April 29 – Wintergreen Resort, Wisconsin Dells

Company _____________________________________________

Attendee #1 ___________________________________________
Attendee #2 ___________________________________________
Attendee #3 ___________________________________________
Attendee #4 ___________________________________________

☐ Will pay at the door
☐ Check enclosed
☐ Charge my credit card (Visa, MasterCard, Am Ex. or Discover):

Credit Card Number: _________________________________
Name on Credit Card: _________________________________
Billing Address of Credit Card: ________________________________
Address ______________________________________ City/State/Zip
Expiration Date: _________________________ CSV Code on back of card ___

Email: ____________________________________________