

BALTIMORE CONFERENCE

OF CENTRAL ATLANTIC STATES ASSOCIATION OF FOOD and DRUG OFFICIALS

President Annastasia Zenner, Montgomery County HD

Vice-President Sabrina Cole, Prince George's County HD Secretary Andrea Hanley, Carroll County HD

Treasurer Lisa Kalama, Harford County HD

casafdo.org

ANNOUNCEMENT OF 345th QUARTERLY MEETING

Date: Time: Location:	Wednesday, June 19, 2019 8:30 AM - 3:00 PM Randallstown Community Center 3505 Resource Drive, Randallstown, MD 21133
REGISTRA	TION: \$20.00 (MEMBER); \$40.00 (REGULATORY NON-MEMBER); \$60 (ASSOCIATE NON-MEMBER) DEADLINE = June 5, 2019
LUNCH:	Lunch is on your own – many restaurants nearby
<u>PROGRAM</u>	
8:30 - 9:00	REGISTRATION
9:00 - 10:00	Food Safety Modernization Act: Produce Safety Rule Ms. Deanna Baldwin, MD Department of Agriculture, Program Manager, Food Quality Assurance
10:00 -11:00	A Walk on the WILD Side Dr. Cindy Driscoll, MD Department of Natural Resources, State Fish & Wildlife Veterinarian
11:00 - 12:00	DC's Rat Riddance Initiative Mr. Gerard Brown, Program Manager, Rodent and Vector Control Division, DC Health
12:00 - 1:00	LUNCH – ON YOUR OWN
1:00 - 2:00	Food Safety in the Age of Social Media Mr. Patrick Quade, CEO, IWasPoisoned
2:00 - 3:00	2019 Legislative Session Update Mr. Les Knapp, Maryland Association of Counties, Legal & Policy Counsel

5 hours of training requested from LEHS Board

345th Quarterly Meeting **REGISTRATION FORM**

REGISTRATION FORM AND PAYMENT MUST BE RECEIVED ON OR BEFORE June 5, 2019

(Please print clearly)

NAME

Affiliation

Telephone No._____ E-mail Address_____

MEETING REGISTRATION FEES: \$20.00 (Non-members \$40.00)

**** All registrations due by June 5, 2019 ****

ALL 2018 MEMBERSHIP DUES EXPIRED ON 12/31/2018. IF YOU OWE MEMBERSHIP DUES FOR 2019, ADD THE AMOUNT INDICATED BELOW TO THE REGISTRATION FEE

NOTE: MEMBERSHIP DUES MAY ALSO BE PAID AT THE DOOR OR ONLINE AT <u>WWW.CASAFDO.ORG</u>

DUES:

Regulatory members\$15.00Associate members\$35.00Retired members\$10.00Academia members\$10.00

DUES for 2019 _____ (if unpaid, choose amount above and insert)

REGISTRATION:

Registration Fee: _____ **\$ 20.00** (Non-members \$40.00)

TOTAL AMOUNT _ <u>\$</u>____

Please make checks payable to "CASA".

All mailed registrations to arrive by June 5th to:

Please note new address:

LISA KALAMA c/o CASA P.O. BOX 1413 BEL AIR, MD 21014