ANNOUNCEMENT OF 345th QUARTERLY MEETING

Date: Wednesday, June 19, 2019
Time: 8:30 AM - 3:00 PM
Location: Randallstown Community Center
3505 Resource Drive, Randallstown, MD 21133

REGISTRATION: $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

PROGRAM

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 WWW.CASAFDO.ORG

DUES:
Regulatory members   $15.00
Associate members     $35.00
Retired members       $10.00
Academia members      $10.00

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

REGISTRATION:
Registration Fee:  _______ $20.00____(Non-members $40.00)

TOTAL AMOUNT __ $_________

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