



BALTIMORE CONFERENCE
CENTRAL ATLANTIC STATES ASSOCIATION
OF FOOD and DRUG OFFICIALS
www.casafdo.org

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ANNOUNCEMENT OF 346TH QUARTERLY MEETING

DATE: Tuesday, September 17, 2019
TIME: 8:30 AM - 3:00 PM
LOCATION: Carrol County Agricultural Center
706 Agricultural Center Drive, Westminster, MD 21157

REGISTRATION: \$20.00 (Member); \$40.00 (Regulatory Non-Member);
\$60.00 (Associate Non-Member)

REGISTRATION DEADLINE = September 10, 2019

AGENDA

- 8:30 - 9:00** **REGISTRATION**
- 9:00 - 10:00** **FOOD SAFETY IN THE AGE OF SOCIAL MEDIA**
Patrick Quade, CEO, IWasPoisoned.com
- 10:00 –11:00** **MARYLAND’S NEW EDIBLE CANNABIS PRODUCT REGULATIONS**
Mathew Swinburne, J.D., Association Director, Network for Public Health Law
- 11:00 - 12:00** **VAPING: PROMISE OR PERIL**
Kathleen Susan Hoke, J.D., Director, Legal Resource Center for Public Health Policy, and
the Network for Public Health Law
- 12:00 - 1:00** **LUNCH – (OWN YOUR OWN, MANY RESTAURANTS NEARBY)**
- 1:00 - 2:00** **EDIBLE CANNABIS PRODUCTS: ANALYSIS OF CURRENT BEST PRACTICES IN THE U.S.**
Aurash Jason Soroosh, Cannabis Infused Product Safety Analyst, Maryland Medical
Cannabis Commission
- 2:00 – 3:00** **LEGISLATIVE CHANGES TO COMAR 10.15.03**
Kim Burns, Office of Food Protection, Maryland Department of Health

5 HOURS OF TRAINING REQUESTED FROM LEHS BOARD

346TH QUARTERLY MEETING

REGISTRATION FORM

REGISTRATION FORM AND PAYMENT MUST BE RECEIVED ON OR BEFORE

SEPTEMBER 10, 2019

(Please print clearly)

Full Name _____

Affiliation _____

E-mail Address _____

Telephone No. _____

**** All registrations are due by **September 10, 2019** ****

**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

MEETING REGISTRATION FEES:

\$20.00 (Member)
\$40.00 (Regulatory Non-Member)
\$60.00 (Associate Non-Member)

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

REGISTRATION:

Registration Fee \$ _____

TOTAL AMOUNT \$ _____

Please make checks payable to "**CASA**". Mailed registrations are due by **September 10th**:

PLEASE NOTE OUR NEW MAILING ADDRESS:

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