



WISCONSIN AGRI-BUSINESS ASSOCIATION  
and the  
NATIONAL GRAIN AND FEED ASSOCIATION  
encourage you to attend a

## **FOOD SAFETY MODERNIZATION ACT - COMPLIANCE SEMINAR**

Wednesday, May 11, 2016 from 9:00 - 3:00

Wilderness Resort - Glacier Canyon Conference Center, Wisconsin Dells, Wisconsin

The seminar will help educate animal feed mills and manufacturers on what you will need to do to comply with the Food Safety Modernization Act.

Presenters for the meeting will be:

David Fairfield, Senior Vice President, Feed Services, National Grain and Feed Association, Washington D.C.  
Matt Frederking, Vice President of Regulatory Affairs and Quality, RALCO, Marshall MN

The agenda will be as follows:

- 8:00 - 9:00 Registration, Coffee and Conversation
- 9:00 - 9:10 Welcome and Introductions
- 9:10 - 9:30 FSMA Overview
  - New Authorities Provided to FDA
  - Major Rules Required and Implementation Status
  - Who's Impacted Within Industry
- 9:30 - 10:00 FDA Final Rule for Current Good Manufacturing Practices (CGMP) and Preventive Controls for Animal Food
  - Overview of Major Provisions
  - Review of Exemptions and Modified Requirements
  - Qualified Individual Requirements
- 10:00 - 10:30 Review of CGMP Requirements
- 10:30 - 10:45 Break
- 10:45 - 11:15 Review of CGMP Requirements (continued)
- 11:15 - 12:00 Review of Preventive Controls Requirement
- 12:00 - 1:00 Lunch
- 1:00 - 1:45 Review of Preventive Controls Requirement (continued)
- 1:45 - 2:15 Review of Supply-Chain Program Requirements
- 2:15 - 2:30 Review of Record Requirements
- 2:30 - 2:50 Overview of Food Safety Preventive Controls Alliance Training and Other Information Resources
- 2:50 - 3:00 Wrap-up and Adjourn

The cost to attend the seminar will be \$100 per person. Registration fees will cover the breaks, meals, handout materials, and traveling costs of our presenters.

(Registration form on next page)

# Registration Form

## FDA FOOD SAFETY MODERNIZATION ACT

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Cost \$100 per person

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Additional Attendees:

Name: \_\_\_\_\_  
*(Company Name if different than above)*

Name: \_\_\_\_\_  
*(Company Name if different than above)*

Name: \_\_\_\_\_  
*(Company Name if different than above)*

Name: \_\_\_\_\_  
*(Company Name if different than above)*

#### Payment Information:

Visa

MasterCard

Discover

Check Enclosed

#### Credit Card Information:

Name on Card: \_\_\_\_\_

Visa/MC/Discover # \_\_\_\_\_

Expiration Date \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Mail Registration Form to:

Wisconsin Agri-Business Assn.  
2801 International Lane, Suite 105  
Madison, WI 53704

or FAX: (608) 223-1147

or EMAIL: [joan@wiagribusiness.org](mailto:joan@wiagribusiness.org)

or ONLINE: [wiagribusiness.org/store](http://wiagribusiness.org/store)