



2019 NGFA – NDGDA / MGFA / SDGFA Regulatory Compliance Seminar

Wednesday, March 27, 2019

Location: DoubleTree by Hilton, 825 East Beaton Drive, West Fargo, ND 58078

Registration: 7:30 a.m. – Seminar: 8:00 a.m. to 3:30 p.m.

Cost: \$100 Members & NDGDA S & H Clients / \$125 Non-Members

Registration at the door will be \$10.00 higher per person

The National Grain and Feed Association, North Dakota Grain Dealers Association, Minnesota Grain and Feed Association and the South Dakota Grain and Feed Association have teamed up to provide members with a Regulatory Compliance Seminar (Safety Focused) to address OSHA and FDA issues impacting the grain, feed and processing industry.

The detailed agenda can be found at <https://ndgda.org/events/Safety-Health-Environmental-Conference>. The topics for this seminar are as follows:

- Update on Emerging and Evolving Regulatory Issues – OSHA (Speaker: Jess McCluer – NGFA)
- Update on Food Safety and Modernization Act Requirements – FDA
- Update on OSHA Region VIII Grain Handling Issues and OSHA Consultation Program (Speakers: Scott Overson - Bismarck Area Director and Albert Koch – NDOSH Consultation Program Manager)
- Overview of Minnesota OSHA Priorities and Consultation Program (Speakers: Sarah Kickbusch – Supervisor, OSHA Compliance, Minnesota Dept. of Labor & Industry and Dave Ferkul – Supervisor, Workplace Safety Consultation)
- Cracking the New Walking & Working Surface Regulation (Speaker: Jim Seibert, NGFA)
- Slips, Trips and Falls Hazards and Best Practices

COMPLETE THE FORM BELOW & MAIL WITH YOUR CHECK OR CREDIT CARD INFORMATION BY MONDAY, MARCH 25, 2019 to NDGDA, 2417 N University Dr, Suite A, Fargo, ND 58102

or REGISTER ONLINE AT:

<https://www.ndgda.org/events/Safety-Health-Environmental-Conference>

Name _____ Company _____

Name _____ Company _____

Name _____ Company _____

Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

_____ **Number of People @ \$100 / \$125 each (includes morning pastries/muffins, coffee, soda & lunch) =** _____ **(Total)**

Credit Card Information				
Card Type	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (MM/YY): _____		CVV/CID: _____		
Cardholder ZIP Code (from credit card billing address): _____				
Customer Signature: _____				Date: _____