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# MTA Sanitary Transportation of Human and Animal Food Conference

THURSDAY  
**OCT**  
2016 **13**

**LOCATION:**  
MINNEAPOLIS AIRPORT MARRIOTT  
2020 AMERICAN BLVD E  
BLOOMINGTON, MN 55425

**REGISTRATION DEADLINE:**  
SEPTEMBER 30, 2016

**\$199**

First Attendee

**\$159**

Additional Attendee

## CONFERENCE SCHEDULE

8:00  
**Breakfast & Welcome**

8:45 - 10:00 a.m.  
**Diane Krieger, Co-Lead of the Rule's  
Implementation Group, FDA**

10:15 - 11:15 a.m.  
**Bud Rodowick, Food Safety and OEMs,  
ThermoKing**

11:30 a.m. - 12:30 p.m.  
**Rob Mosely, Attorney, Smith Moore  
Leatherwood, LLP**

1:30 - 2:30 p.m.  
**Q&A with all speakers**

## ATTENDEES WILL LEARN...

- An overview of the Sanitary Transportation of Human and Animal Food rule straight from the FDA
- Best practices for recordkeeping, training and temperature monitoring requirements
- How to identify top fleet concerns
- Specific conversation points for essential communication between carriers and shippers
- How to determine important protocols
- How to protect yourself if you are not receiving adequate communication
- Strategies for claim management under FSA
- The contracting process

## WHO SHOULD ATTEND...

**Motor Carriers | Shippers | Brokers**

# SANITARY TRANSPORTATION CONFERENCE REGISTRATION FORM

October 13, 2016 | Minneapolis Airport Marriott, 2020 American Blvd E, Bloomington, MN 55425

**Registration Deadline: September 30, 2016**

**Register online at: [www.mntruck.org/stfconference](http://www.mntruck.org/stfconference)**

## ATTENDEE INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## ADDITIONAL ATTENDEE INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ATTENDEE REGISTRATION.....\$199 X \_\_\_\_\_ = \_\_\_\_\_

ADDITIONAL ATTENDEE REGISTRATION.....\$159 X \_\_\_\_\_ = \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

## PAYMENT INFORMATION

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ CVO #: \_\_\_\_\_

☐ CHECK ENCLOSED

☐ CREDIT CARD

☐ INVOICE ME