



**TRUCKING** ▶  
Moves America Forward



# MOTA Sanitary Transportation of Human and Animal Food Seminar

TUESDAY  
DECEMBER  
2016 **20**

**Location:**  
Ramada Oasis Hotel  
Kalahari Meeting Room  
2546 North Glenstone Avenue  
Springfield, MO 65803

**\$199** — First Attendee

**REGISTRATION DEADLINE  
DECEMBER 12**

**\$159** — Additional Attendee

## Conference Schedule

8:00am  
**Registration**

8:15am-10:15am  
**Bud Rodwick, Food Safety and OEMs Thermoking**

10:30am-12:00pm  
**Ted Perryman, Attorney Roberts Perryman**

12:30pm-1:30pm  
**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 record keeping, 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 contract process

**WHO SHOULD ATTEND...**  
Motor Carriers - Shippers - Brokers

# SANITARY TRANSPORTATION SEMINAR REGISTRATION

December 20, 2016 | Ramada Oasis Hotel- Springfield, MO 65803

**Registration Deadline: December 12, 2016**

[www.motrucking.org](http://www.motrucking.org)

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

ATTENDEE REGISTRATION.....\$199x \_\_\_\_\_ = \_\_\_\_\_  
ADDITIONAL ATTENDEE REGISTRATION.....\$159x \_\_\_\_\_ = \_\_\_\_\_

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

## PAYMENT INFORMATION

\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to **Missouri Trucking Association**.

\_\_\_ I authorize the charge in the amount of \$ \_\_\_\_\_ to the following credit card.

Visa       Mastercard       Discover       American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

### **Return completed form to:**

Missouri Trucking Association  
PO Box 1247  
Jefferson City, MO 65102  
Fax: (573) 634-4197  
Email: [mota@motrucking.org](mailto:mota@motrucking.org)

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