

# Wisconsin Farm Credit Communication Advocacy Program & Legislative Conference

Best Western Premier Park Hotel, Madison, Wis.

Tuesday, January 15, 2019

## AGENDA

- 9 a.m. **Registration**
- 9:30 a.m. **Welcome, introductions and overview of the day -  
Chairman Jim Jarvis**
- 9:35 a.m. **Review minutes from November 13, 2018 meeting**
- 9:40 a.m. **Review 2019 proposed FCS policy statements**
- 10 a.m. **Communication Advocacy Meeting with congressional staff**
- 11:30 a.m. **Legislative Panel**
- 12:30 p.m. **Lunch**
- 1:15 p.m. **Wisconsin 2018 election update & 2019 session update**
- 2 p.m. **Leave for the Capitol**
- 2:15 p.m. **Legislative office visits**
- 3:30 p.m. **Tour of Cooperative Network office (optional)**
- 4 p.m. **AgriBank update - Richard Price, Board Member**
- 4:45 p.m. **Wisconsin Department of Agriculture, Trade & Consumer  
Protection update**
- 5:15 p.m. **Adjourn**
- 5:20 p.m. **Reception**

**Email or fax completed registration form to:**  
Email: [patrick.murray@cooperativenetwork.coop](mailto:patrick.murray@cooperativenetwork.coop)  
Fax: (651) 228-1184

## LOCATION & LODGING

**Best Western Premier Park Hotel**  
22 South Carroll Street  
Madison, WI 53703

**Room Block:** Cooperative Network Farm Credit  
Meeting

**Rate:** \$139++

**Deadline:** Monday, January 7, 2019

**Phone:** (608) 285-8000

**Online:** [bit.ly/2019FarmCAPLC](http://bit.ly/2019FarmCAPLC)

## FOR MORE INFORMATION

Contact Patrick Murray, Cooperative Network  
Senior Government Affairs Director, at  
(651) 280-4901 or  
[patrick.murray@cooperativenetwork.coop](mailto:patrick.murray@cooperativenetwork.coop)

# Wisconsin Farm Credit Communication Advocacy Program & Legislative Conference

Park Hotel, Madison, Wis.  
January 15, 2019

## Registrations due Wednesday, January 9

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Contact Email \_\_\_\_\_ Phone \_\_\_\_\_

### ATTENDEE INFORMATION

Name, Title, Email, Home Address

Name, Title, Email, Home Address

Name, Title, Email, Home Address

Name, Title, Email, Home Address

Name, Title, Email, Home Address

Name, Title, Email, Home Address

Please specify any necessary dietary or physical accommodations and for which attendee(s):\* \_\_\_\_\_

*\* Please note that special requests can only be guaranteed if made at least one month prior to event.*

**Please return registration form(s):**

#### Cooperative Network

16 North Carroll Street, Suite 900

Madison, WI 53703-2721

Email: [naomi.rivers@cooperativenetwork.coop](mailto:naomi.rivers@cooperativenetwork.coop)

Fax: (608) 258-4407

**FINAL Registration Deadline:**  
Wednesday, January 9, 2019