

# 2017 Field Crop Pest Management Meetings

## Topics:

- ◆ Corn Disease ID and control
- ◆ Corn Insects ID and Control
- ◆ Corn Weed ID and Control
- ◆ Alfalfa Insects ID and Control
- ◆ Forage and Small Grain Weed Control
- ◆ Small Grain Insects and Diseases
- ◆ Soybean Diseases and Insects
- ◆ Stored Grain Pests

Approved for the following:  
*DEC Pesticide Applicator Recertification Credits:*  
 2 Category: 1a, 10 or 21  
**You must be present at 1:00 PM and**  
**have your Applicator ID with you to receive credit!**  
*You will only receive credit for attending one session.*  
*Certified Crop Adviser Continuing Education Units*  
 Integrated Pest Management: 2CEUs

## Speakers:

- ◆ Ken Wise, Livestock & Field Crops IPM Extension Area Educator, Cornell Cooperative Extension
- ◆ Kevin H. Ganoë, Regional Field Crop Specialist, Cornell Cooperative Extension

<b>Each session runs from 1:00 - 3:00 PM</b>		
<b>Date</b>	<b>Location</b>	<b>Address</b>
Monday, January 23	Travel Lodge	20 Albany St, Little Falls
Tuesday, January 24	CCE Saratoga Extension Office	50 West High St, Ballston Spa
Wednesday, January 25	Montgomery County Annex Building, Room 111	20 Park St, Fonda
Thursday, January 26	CCE Chenango Extension Office	99 Broad St, Norwich
Friday, January 27	CCE Otsego Extension Office	123 Lake St, Cooperstown
Monday, January 30	CCE Schoharie Extension Office	173 South Grand St, Cobleskill

**2017 Field Crop Pest Management Meetings**  
**Registration is \$10 per person: Pre-registration is required!**  
 Please pre-register by registering online at <http://cnydfc.cce.cornell.edu/>  
 or filling out the registration form below and returning it along with payment to:  
 Cornell Cooperative Extension of Herkimer County, 5657 State Route 5, Herkimer, NY 13350.  
 Please call (315) 866.7920 if you have any questions.  
**Registration must be received in the office by one week prior to meeting date.**  
**Registration allows us to communicate any cancellations or changes in arrangements.**

**Choose Location (Circle One):**      Little Falls 1/23      Ballston Spa 1/24      Fonda 1/25  
    Norwich 1/26      Cooperstown 1/27      Cobleskill 1/30

Name \_\_\_\_\_ Number attending: \_\_\_\_\_ @ \$10.00/person Total: \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ NY Zip \_\_\_\_\_

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