



*Managing your inputs for healthy soils...*

**January 25th, 2017**  
**Jacksonville, Illinois**  
**Hamilton's Catering**  
**110 North East Street**

CCA-4.5 SWM, Applied For

## AGENDA

<b>8:00—8:40 am</b>	<b>Registration + Meet Exhibitors</b>	<b>12:10-1:10 pm</b>	<b>Lunch</b>
<b>8:40—8:45 am</b>	<b>Welcome + Remarks—</b>	<b>1:10—2:00 pm</b>	<b>Conservation Cropping Systems</b> Laura Gentry, Illinois Corn Growers Association
<b>8:45—8:55 am</b>	<b>Presentation of Illinois Farmers on Water Quality and Nutrient Management Issues</b>	<b>2:00—2:20 pm</b>	<b>Networking Break</b>
<b>8:55—9:45 am</b>	<b>Soil Health—</b> Barry Fisher, National Soil Health Division, USDA-NRCS Central Region	<b>2:20—3:10 pm</b>	<b>First Hand Experiences With Area Farmers</b> Chris Smith- Morgan County Producer John Werries & Andy Shireman – Morgan County Producers
<b>9:45-10:05 am</b>	<b>Networking Break and Refreshments</b>	<b>3:10-3:40 pm</b>	<b>Cropping Systems Discussion and Q &amp; A</b> Alan Merriman– Scott County Producer Andy Sellars- Scott County Producer Chris Smith- Morgan County Producer Andy Shireman – Morgan County Producer
<b>10:05-10:30am</b>	<b>Nutrient Management Plan Process—</b> Dennis Godar, Certified Nutrient Mgt. Planner	<b>3:40-4:30PM</b>	<b>Meet + Greet with Speakers, Exhibitors, Attendees and Refreshments</b>
<b>10:30-11:20am</b>	<b>Roles of Cover Crops in Nutrient Management—</b> Dr. Joel Gruver, WIU Prof, Sustainable Agriculture		
<b>11:20-12:10pm</b>	<b>Research on Soil Health Practices on Nutrient Loss—</b> Lowell Gentry, U of I Researcher		

## REGISTRATION

**Deadline January 10th, 2017**

Online (credit card) registration can be made at:

<http://www.ccsxcd.com>

Seminar Fee \$20 per person

Student Fee \$10 per person (High school or College)

Lunch included.

*For more information please contact Woody Woodruff 217.883.7154*

Mail Registration: Complete and detach this clipsheet and send to:

Champaign County SWCD

Attn: CCS 2016

2110 W. Park Court, Suite C

Champaign, IL 61821

Name: \_\_\_\_\_

If Paying for additional registrations please list name and zip code

Address: \_\_\_\_\_

Name \_\_\_\_\_ Zip \_\_\_\_\_

City: \_\_\_\_\_

Name \_\_\_\_\_ Zip \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Name \_\_\_\_\_ Zip \_\_\_\_\_

_____ # of Registration	x	\$20
_____ # of Student	x	\$10
_____ # Total		\$ _____