



Moos & Brews

Feb. 29 & March 1

Thursday, Feb. 29

- 6:45 am** DEPART: Iowa's Dairy Center, Calmar, Iowa
- 8 am** TOUR: De-Su Holsteins LLC, New Albin, Iowa
- 10 am** TOUR: Johnson's Rolling Acres, Peterson, Minn.
- Noon** TOUR, TASTING and LUNCH: Four Daughters Winery, Spring Valley, Minn.
- 3 pm** TOUR: Gar-Lin Dairy, Eyota, Minn.
- 5 pm** ARRIVAL: Radisson Hotel, La Crosse, Wis.
- 6 pm** TOUR, TASTING and SUPPER: La Crosse Distilling Co, La Crosse, Wis.

Friday, March 1

- 8 am** TOUR: Kwik Trip Headquarters, La Crosse, Wis.
- 11:30 am** TOUR: Rolinda Acres, Waterville, Iowa
- 1 pm** TOUR and LUNCH: WW Homestead Dairy, Waukon, Iowa
- 3 pm** TASTING: Empty Nest Winery, Waukon, Iowa
- 5 pm** TOUR: Country View Dairy, Hawkeye, Iowa
- 7 pm** ARRIVAL: Iowa's Dairy Center, Calmar, Iowa

Cost is based on participants and hotel rates.

\$190 per person
with four people per hotel room

\$200 per person
with three people per hotel room

\$225 per person
with two people per hotel room

\$300 per person
with one person per hotel room

Registration and payment due before
Jan. 24, 2024

Sponsors

GRAND CHAMPION (\$250 AND UP)

Lang's Dairy Equipment
Insurance Associates of Lawler, Inc.

SENIOR CHAMPION (\$100 AND UP)

Wapsie Valley Creamery
Marv Smith Electric, Plumbing, & Heating LLC
Farmers Union Cooperative

JUNIOR CHAMPION (\$50 AND UP)

South Winn Insurance Services
Winnebago County Farm Bureau

Trip Coordinated By:

Brenna Connelly
Dairy Center Coordinator
563.275.4453
connellyb@nicc.edu



Registration Form | Complete this registration form and submit to: Brenna Connelly, Northeast Iowa Dairy and Agriculture Foundation, P.O. Box 400, Calmar, IA 52132

1. Full Name: _____ Active Producer Retired Producer Herd Manager Industry Professional Student

2. Full Name: _____ Active Producer Retired Producer Herd Manager Industry Professional Student

3. Full Name: _____ Active Producer Retired Producer Herd Manager Industry Professional Student

4. Full Name: _____ Active Producer Retired Producer Herd Manager Industry Professional Student

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

There will be _____ person(s) per hotel room at the rate of: \$190 \$200 \$225 \$300 per person for a total cost of \$_____.

There will be _____ person(s) per hotel room, but would be willing to share a room with _____ additional participants. *The Northeast Iowa Dairy and Agriculture Foundation will contact you regarding room arrangements.*

Payment Options

Payment Enclosed \$ _____ Make payable to **Northeast Iowa Dairy and Agriculture Foundation**

Credit Card: Visa* Mastercard* Discover* Card Number: _____ Expiration Date: _____ / _____

Name as it appears on card: _____

Billing Address (if different from above): _____

Signature: _____

** Registration limited to 40 participants, spots are filled first come, first serve.**