

NICKELS SOIL LAB ANNUAL FIELD DAY

Wednesday, May 10, 2017 Green Bay Rd., Arbuckle, CA

1.0 hour PCA CE credits requested 2.5 hours CCA CE credits requested

8:30 a.m. — Registration

Coffee and Donuts provided by Farm Credit Services of Colusa-Glenn, ACA

9:00 a.m. — Field Topics:

Site specific irrigation in almonds: update Shrini Upadhyaya, Professor, UC Davis Biological & Agricultural Engineering Dept.

Botryosphaeria in walnuts

Themis Michailides, UCCE Plant Pathology Specialist, UC Davis/UC Kearney Ag Center Janine Hasey, UCCE Farm Advisor, Sutter, Yuba & Colusa Counties

Hedging walnuts

Bruce Lampinen, UCCE Extension Specialist, UC Davis Plant Sciences Department

Thousand cankers disease in walnuts

Steve Seybold, UC Davis Department of Entomology and Nematology

Almond variety selection

Dani Lightle, UCCE Farm Advisor, Glenn, Tehama and Butte Counties

Canker disease in almonds

Leslie Holland, UC Davis Plant Pathology Department

Foliar and bloom disease management in almonds

Jim Adaskaveg, UC Riverside Department of Plant Pathology

Nitrogen and potassium nutrition in almond.

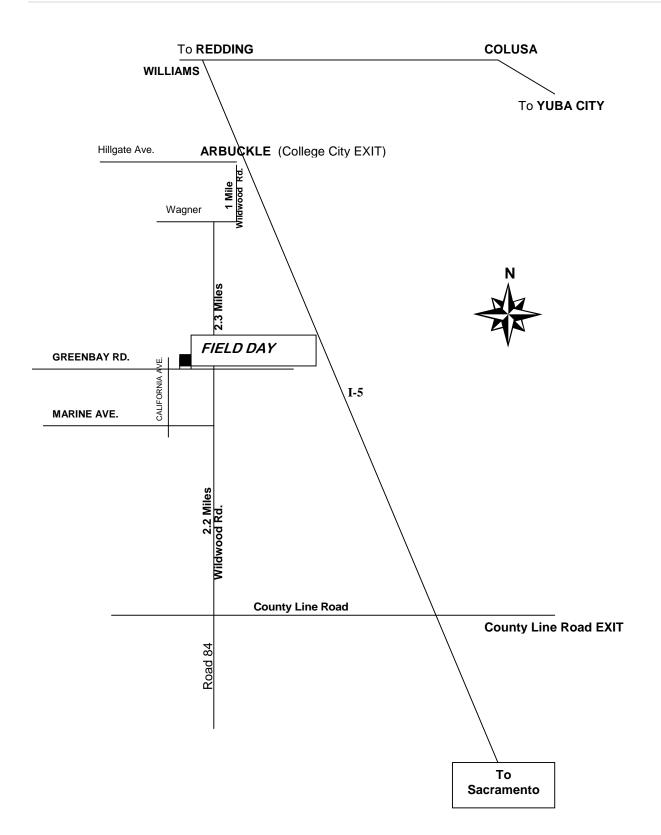
Franz Niederholzer, UCCE Farm Advisor, Colusa and Sutter/Yuba Counties

12:15 pm – **BBQ Tri-Tip Lunch** by reservation.

RSVP to the UCCE Colusa Office at (530) 458-0570 \$15 prepaid, \$20 at the door Prepared by and proceeds to the Pierce High School (Arbuckle, CA) FFA Program

Program organized by Franz Niederholzer, Farm Advisor, University of California Cooperative Extension, Colusa and Sutter/Yuba Counties

Cooperative Extension Sutter-Yuba Counties ◆ 142A Garden Highway, Yuba City, CA 95991-5512 Office (530) 822-7515 ◆ Fax (530) 673-5368 ◆ <u>http://cesutter.ucanr.edu/</u>



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LUNCHEON RESERVATION FORM

Lunch Benefits Pierce High School FFA Program

<u>Cost:</u>	\$15.00/person (Prepaid Reservation) \$20.00/person at the door	
Make checks payable to:	Pierce High School	
Mail to:	Cooperative Extension	

Mail to:Cooperative ExtensionP.O. Box 180Colusa, CA 95932

Name:				
Address:				
City:	State:	Zip:		
Phone:				
Name(s) of Attended	es(s):			
Total Amount Enclo	osed:			

Please return this form & your check by May 5 to receive the discounted price.

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