



Nelson County Cooperative Extension Presents:

## Central VA Commercial Tree Fruit School

Lovingsston Fire Hall, 53 Baker Ln, Lovingsston, VA 22949  
 Wednesday February 14th, 2024

8.30 - Pesticide Recertification Check-in, Welcome & Housekeeping Items

8.40 - Pesticide Safety BINGO! Or Jeopardy , *Grace Monger*

9.00 - Thrips species attacking fruit crops and their management, Spray Bulletin Updates *Dr. Doug Pfeiffer*

9.30 - Next generation of all-stage fire blight controls and how should we manage apple bitter rot/Glomerella leaf spot, *Dr. Srdjan Acimovic*

### 10.00 -Refreshment Break

10.15 - Emerging insect pest issues in mid-Atlantic tree fruit, *Dr. Kevin Rice*

10.45 - Exploring PGRs, Rootstocks, and Breeding in Virginia Tech's Tree Fruit Program, *Dr Sherif Sherif*

11:15- Rootstock's influence on frost tolerance in apple trees is linked to shifts in soluble sugar levels in the scion's leaves and blossoms *Amolpreet Kaur, Plant and Environmental Sciences Ph.D Candidate, Virginia Tech*

### 11:45- Lunch Break

1.00 - US Apple

1.30 - Labor

2.15 -Pesticide Recertification Legal Update, *Debbie Brown, VDACS*

### Thank you's, Pesticide Recertification Checkout & Conclusion

### Speaker Contact Information

Name		Location	Contact
Grace Monger	VCE Horticulture Agent	Nelson	Phone :434 263 7180 Email: gimonger@vt.edu
Dr Doug Pfeiffer	Fruit Entomologist	Blacksburg	dgpfeiff@vt.edu.
Dr Srdjan Acimovic	Tree Fruit Pathologist	Winchester	acimovic@vt.edu
Dr Sherif Sherif	Pomologist	Winchester	ssherif@vt.edu
Dr Kevin Rice	Tree Fruit Entomologist	Winchester	rkevin@vt.edu
Debbie Brown	VDACS Pesticide Investigator	Harrisonburg	debbie.brown@vdacs.virginia.gov

2024 Central VA Commercial Tree Fruit Production School

Attendee Registration Form

February 14, 2024

Please return this form along with your \$20.00 (per person) Attendee Registration Fee, (checks made payable to: Treasurer, Virginia Tech) by February 9, 2024 to:

Virginia Cooperative Extension – Nelson County

PO Box 263 Lovingston VA 22949

Farm/Business Name: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Additional Attendees: \_\_\_\_\_

Additional Attendees: \_\_\_\_\_

Additional Attendees: \_\_\_\_\_

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

\_\_\_\_\_

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

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

List any Dietary Restrictions: \_\_\_\_\_

There will be a charge of \$50.00 for all returned checks.

No refunds will be processed unless we are notified prior to February 7, 2024.