4th Annual
JR. MANRRS STATE CONFERENCE

“MANRRS: Inspiring the Next Generation of Agricultural Leaders!”

UNIVERSITY OF KENTUCKY
College of Agriculture Food and Environment
December 11th – 12th, 2015
Dear Jr. MANRRS Members and Supporters:

As President of the National Society of Minorities in Agriculture, Natural Resources, and Related Sciences, I am honored to welcome you to the 2015-2016 year.

For over 30 years, MANRRS has had the privilege of providing a competitive advantage to our nation’s future leaders in agriculture, natural resources, and related sciences. Your education, and the responsibility of preparing you for your future, is our priority. Know that this society is and will continue to be committed to providing a culture that is challenging, yet supportive of your personal interests and needs. It is my goal to ensure not only that you succeed while you are a member of this great society, but also that you are well-prepared for your life and work beyond.

Your education, experiences, and desire to be the best have led you to Jr. MANRRS. As we embark on this chapter of our lives and careers, it is important to remember that our society consists of a select group of scholars who show tremendous promise, and have unlimited potential to make a difference in the field of agriculture, natural resources and related sciences.

With over sixteen years as a student, advisor, and national officer, my experiences in MANRRS have been some of the most productive, rewarding, and enlightening. It is my sincere hope that ultimately we will instill in each of you that there is no greater society and that MANRRS will continue to be dedicated and build off of our unique talents, interests, perspectives, and backgrounds.

The coming year will involve an intensified focus on the following areas; a sustainable organizational structure for the next 30 years and beyond and a leadership pipeline with increased engagement at every level that prepares our MANRRS scholars to be leaders for the ever-changing, diverse, and global society. In particular, we aim to maximize our connections internationally to identify potential opportunities abroad and aim for our existing programs for global engagement to multiply. We will increase and diversify our funding sources, form a thriving alumni association to increase our engagement, create new VIP events for our students, and provide the necessary resources for our students and advisors to be successful not only at the national level but also within your local chapters. With years of experience as a successful advisor, I understand the importance to continue to have fresh and innovative ideas to attract the best and brightest students to our society.

The year of Celebrating 30 years of triumph and Branching Out and Excelling to Greater Heights has been amazing. I will continue with the legacy of those that came before me as I am here to make a difference: to change what’s possible by being aggressive in pursuing new opportunities. I am excited and honored to have the opportunity to lead this great society and will require a complete commitment from every student, advisor, sponsor, and volunteer. Collectively, we will move with purpose, power and passion as we strengthen and renew the world’s premiere and diverse society that will prepare the next generation of future leaders in Agriculture.

Thank you,

Quentin Tyler PhD

Your 2015-2016 National President
University of Kentucky  
Jr. MANRRS Conference Goals

The purpose of the State Jr. MANRRS Conference is to:

- Provide professional and academic workshops that will CONNECT students to the agriculture industry.
- Allow students networking opportunities with the MANRRS COLLIGIATE members and the University of Kentucky, College of Agriculture.
- Have students to COMPETE in organized competitions in hopes with progressing to the national level.

OVERVIEW OF MANRRS & JR. MANNRS

Minorities in Agriculture, Natural Resources and Related Sciences (MANRRS)

MANRRS is a national society that welcomes people from all racial and ethnic groups to become members and to participate in agriculture, natural resources, and related sciences careers.

Several colleges and universities have established JR. MANRRS chapters to promote agriculture literacy and awareness in their respective communities. Collegiate MANRRS members serve as mentors to Junior MANRRS members and encourage them to participate in service learning, science fairs, and educational programs to help them understand how they can apply their skills in agriculture, natural resources or related science discipline.

Conference Planning Committee

Bernita Cheirs, 4-H Youth Development, Fulton Co  
Antomia Farrell, Cooperative Extension Human Resource Specialist  
Erica Flores, Agricultural Economics Academic Coordinator  
Jaeanna Gates, MANRRS Collegiate Co-Chair  
Chanda Hall, 4-H Youth Development, Jr. MANRRS Advisor, Jefferson Co  
Tiffany Harper, MANRRS Collegiate Co-Chair  
Ashley Holt, 4-H Youth Development, Jr. MANRRS Advisor, Jefferson Co  
Whitney McKoy, 4-H Youth Development, Jr. MANRRS Advisor, Franklin Co  
Kendriana Price, State Jr. MANRRS Conference Coordinator; 4-H Youth Development, Jr. MANRRS Advisor, Christian County  
Dr. Javiette Samuel, Special Resource Leader for Integrated Projects  
Natasha Saunders, Extension Associate, Diversity Recruitment & Retention  
Alaysia Radford, 4-H Youth Development, Jr. MANRRS Advisor, Fayette Co  
Chaquenta Smith, 4-H Youth Development, Jr. MANRRS Advisor, Pulaski Co  
Dr. Quentin Tyler, Assistant Dean for Diversity, UK College of Agriculture  
Amanda Wilson, 4-H Youth Development Jr. MANRRS Advisor McCracken Co
Thank you to the Sponsors who supported the State Jr. MANRRS Conference:

**Levels of Sponsorship**

*Silver Level* - 2500+

*Bronze Level* - 1000+

*Copper Level* - 500+

*Gold Level* - 100+
REGISTRATION FEE & DEADLINES

• There is no associated registration cost.
  o Online registration link (must be completed by county 4-H Agent): 
    https://apps.ca.uky.edu/agentforms/web/manrrs/ 
  o Online submissions must be completed and forms sent to Christian County Extension Office by November 20th, 2015 
  o NO REGISTRATION after November 20, 2015 will be accepted.

CONFERENCE REGISTRATION CANCELLATION REFUND POLICY

• All conference cancellations must be in written form and submitted by December 4, 2015.
HOTEL ACCOMMODATIONS

Holiday Inn Express Hotel & Suites Downtown Lexington KY

***Your County representative will be responsible for confirming your sleeping arrangements***

We will be staying at the Holiday Inn Hotel & Suites $107.00 plus tax per night. In order to get tax exempt you must present tax-exempt form prior to arrival.

**Room Reservations will need to be made by November 12, 2015**

Holiday Inn Hotel & Suites
1000 Export Street
Lexington, KY 40504

Rebecca McClure
859-389-6800

Check-in: 3:00pm
Checkout: 11:00am

In addition to the sleeping accommodations and meeting space, the hotel offers numerous amenities that include:

- Indoor Pool and Hot Tub
- Fitness Center
- Business Center with High Speed Internet, Fax and Copy Machine
- Free High Speed Internet Access in Every Room
- Complimentary Parking & Daily Newspaper
- Iron/Ironing Board, Coffee Maker, Hairdryer in Every Room

The group will also enjoy the **complimentary** Warm Start Breakfast featuring:

- A selection of hot entrees that may include: Sausage Gravy & Biscuits, Cheesy Omelets, Scrambled or Boiled Eggs, Crispy Bacon and More!
- Fresh Pancakes
- Warm Cinnamon Rolls, Bagels and English Muffins, Fresh Fruit
- Oatmeal and a Variety of Cereals
- Coffee, Tea and Hot Chocolate
- A Relaxing Great Room with a Fireplace to Sit Down and Enjoy Breakfast
State Jr. MANRRS Conference
Agenda At- Glance

FRIDAY, DECEMBER 11, 2015

5:00 pm - 7:00 pm  Check – In/Registration, Hotel Lobby
(Please make sure participants eat dinner prior to arrival)
7:30 pm  Welcome to University of Kentucky,
Seay Auditorium
8:00 pm  Jr. MANRRS Impromptu Speaking Contest,
Seay Auditorium
9:00 pm  Quiz bowl, Seay Auditorium
10:00 pm Social at Goodbarn, ES Goodbarn
11:30 pm Participants MUST be in their assigned rooms

SATURDAY, DECEMBER 12, 2015

6:30 am – 7:30 am  Breakfast (Hotel Warm Continental Breakfast)
7:30 am Load for UK  Meet in Lobby Area
8:00 am  Morning Assembly, Seay Auditorium
8:05 am  Teambuilding Exercises
8:15 am  How to Navigate the Opportunity Fair
8:40 am  UK Sorority & Fraternity Step show
9:00 am  Jr. MANRRS Public Speaking Contest
(Contestants only)
9:00 am – 12:05 pm  Workshops/ Tours
9:00 am - 9:40 am
9:45 am - 10:25 am
Break 10:25-10:35
10:40 am - 11:20 am
11:25 am - 12:05 pm
12:15 pm - 1:30 pm  Lunch/ Fair, ES Good Barn
/Public Speaker winner will present speech)
1:30 pm – 3:00 pm  Tours
(College of Agriculture, Human Environmental Science, &/ or Meat Lab)
3:15 pm  Awards, Closing and Dismissal, ES Goodbarn
Jr. MANRRS Creed

I am a Junior Minority in Agriculture Natural Resource and Related Science Leader. I challenge myself to excel in education each day. I am empowered and able to accept responsibility for my actions. I will demonstrate integrity in all that I do. I will learn all that I can because knowledge is power. I am dedicated to serving my community. I am the leader of today and tomorrow! I am Jr. MANRRS.
JR. MANRRS STATE COMPETITIONS

(Youth turn in contest to your county representative)

County representatives- Participants must submit an electronic version of written essay by 11:59pm December 7, 2015 to Whitney.McKoy@uky.edu

1. **Jr. MANRRS Written Essay Contest**
   This contest provides an opportunity for high school students to gain experience in expressing themselves, through writing. Essays will be judged and the winners will be selected prior to the State Contest.

   **REQUIREMENTS:**
   The state essay contest will be open to high school students who are current members of MANRRS through chapter membership or individual membership. **Essay Topic- “MANRRS: Inspiring the Next Generation of Agricultural Leaders!”**

2. **Junior MANRRS Public Speaking Contest**
   This contest provides an opportunity for high school students to gain experience in expressing themselves orally before an audience.

   **REQUIREMENTS:**
   Presenters are required to be high school student members at the time of the conference and must be in attendance at the conference. The contestant will introduce the speech by title only. Contestants will be penalized 20 points per minute, or any fraction thereof, for speaking over 8 minutes. Time commences when the speaker begins talking. The total time allotted for the speech and questions shall not exceed 10 minutes. **Participants must register for contest on conference registration form.** **Public Speaking Contest Topic- “MANRRS: Inspiring the Next Generation of Agricultural Leaders!”**

3. **Junior MANRRRS Impromptu Speaking Contest**
   The Jr. MANRRS Impromptu Speaking Contest is designed to develop the ability of our high school members to express themselves on a given subject without having prepared or rehearsed its content in advance. This gives the Jr. MANRRS members an opportunity to formulate their remarks for presentation in a very limited amount of time. The contest requires students to “think on their feet,” state their case quickly and persuasively, and to be able to answer relevant questions based upon their presentation.

   **REQUIREMENTS:**
   Presenters are required to be high school student members at the time of the conference and must be in attendance at the conference. **Participants must register for contest on conference registration form.**

   **Awards for All Above Contests**
   
   1st - $75.00
   2nd - $50.00
   3rd - $25.00

4. **Quiz Bowl**
   This contest provides an opportunity for high school students to gain experience in teamwork. A team of 4 youth and 1 alternate (total of 5) will be given a list of JR. MANRRS trivia questions prior to the state conference. Each team will compete against other counties. **Registrants must register PRIOR to the conference via an email from the agent to Whitney by December 7, 2015 – whitney.mckoy@uky.edu.**

   **Quiz Bowl Award: $10.00 Gift Card to Winning Team Participants**
Jr. MANRRS State Conference Registration Form

(PLEASE PROVIDE ALL THE REQUESTED INFORMATION. PLEASE TYPE OR PRINT LEGIBLY)

AGENTS: Please check to see all information is complete and legible. A separate registration should be completed for ALL attendees including agents, volunteers, leaders and youth delegates (DO NOT SEND INSURANCE INFORMATION, CHAPERONE SHOULD KEEP THESE WHILE AT CONFERENCE)

COUNTY: 
DISTRICT: 
FIRST NAME: 
LAST NAME: 
ADDRESS: 
CITY: 
STATE: 
ZIP CODE: 
HOME PHONE: 
CELL PHONE: 
(Optional) EMAIL: 

AGE: 
GRADE COMPLETED: 

GENDER: 
Male 
Female 

RACE: 
Hispanic or Latino 
Non-Hispanic or Latino 

CATEGORY: 
Agent 
Delegate 
Intern/PA 
Volunteer 

ETHNICITY: 
White 
Black or African American 
Asian 
American Indian or Alaska Native 
Native Hawaiian or Pacific Islander 

T-SHIRT SIZE: 
Adult Small 
Adult Medium 
Adult Large 
Adult XLarge 
Adult XXLarge 

1st NAME PARENT/GUARDIAN: 
1st PARENT/GUARDIAN PHONE: 

EMERGENCY CONTACT: 
EMERGENCY PHONE: 

HOUSING ARRANGEMENTS 
ROOMATE NAME: 
ROOMATE COUNTY: 
ROOMATE NAME: 
ROOMATE COUNTY: 

Are there limitations or special accommodations? 

CONTEST PARTICIPATION 
PLEASE CHECK CONTEST ENTRIES 

PUBLIC SPEAKING: 
ESSAY: 

QUIZ BOWL: 

IMPROMPTU SPEAKING: 

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Disabilities accommodated with prior notification.
CODE OF CONDUCT

Penalties for Infractions
Infractions of this Code of Conduct must be reported promptly by anyone observing the incident to the adult in charge of the delegation/program and to the person in charge of the event who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

I, _____________________________, have read the Code of Conduct and agree to abide by its rules. (Print Name)

I understand that infraction of this Code will result in any or all of the penalties listed above.

Member/Volunteer
Parent/Guardian Date

- Sending participant home
- barring participation from future MANRRS events
- assessing the participant the cost of damages in the event of destruction of property
- Releasing participant to nearest law enforcement agency or authority
- Termination of 4-H membership (youth and adult)

MANRRS Event Code of Conduct
While attending all MANRRS Meetings, Projects, Programs, Activities & Events:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.

2. The possession and use of alcoholic beverages, tobacco products, and/or drugs (except medications prescribed to the participant) is prohibited. Delegation chaperones and/or volunteers are asked to limit use of tobacco products to designated areas.

3. Setting off fire alarms or tampering with fire extinguishing or other emergency equipment is prohibited.

4. Gambling and betting by adults and youth representing MANRRS is prohibited.

5. Obscene, discriminatory, and/or inappropriate language, roughhousing, and insubordination is prohibited at all times.

6. Youth members should demonstrate respect toward others (youth and adults) and all facilities. Bullying, harassment of others or destruction of property will not be tolerated. These guidelines apply in both “real” and “virtual” (via social media) situations.

7. Display of overly affectionate or inappropriate attention between participants is prohibited.

8. Technological equipment (including but not limited to cell phones, laptops or mp3 players) should not interfere with the program and may not be allowed in certain situations.

9. Additional Code of Conduct guidelines specific to each county, event or program may apply and are included.

While Attending Overnight Conferences, Camps, and Events, the Following Will Also Apply:

1. All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.

2. No member or volunteer may leave the grounds unless permission is granted from the conference director or adult in charge. An adult must accompany MANRRS members. Adults must notify another adult in the delegation before leaving the grounds.

3. At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.

4. Room service such as phone calls, food, laundry, or others will not be permitted without chaperone permission.

Parents and MANRRS members (youth in attendance) understand and accept responsibility for the above guidelines. Failure to comply with these guidelines may result in the MANRRS MEMBER being sent home from the activity or event at his/her own expense and/or made ineligible to participate in future MANRRS events and activities.
The following guidelines are designed to make your experience at MANRRS events satisfying to you and to all others attending. This means that all participants, members, volunteers, and MANRRS MEMBERS must adhere to the core values of the Kentucky Youth Development Program, respect the individual rights, safety, and property of others.

**PARTICIPANT INFORMATION**

Participant’s Name:  
First: _______________  
Middle Initial: _______________

Address:  
Street: ________________________________  
Apt. #: _______________

City: ________________________________  State: ________________________________  Zip Code: _______________

Date of Birth: _______________________

Age: ___

Business Phone:  
Mother: ________________________________  Father: ________________________________

Home Phone:  
Mother: ________________________________  Father: ________________________________

 Neighbor or Relative’s Name: ________________________________  Phone: ________________________________

**PHOTO USE PERMISSION**

I hereby grant the University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion/advertising, educational publications or website content which they may create.

Signature of Parent: ________________________________  Date: ________________________________

**PARTICIPANT’S PRIMARY MEDICAL/HEALTH INSURANCE INFORMATION**

The personal health insurance of the participant will be the primary coverage used should a medical situation arise during the 4-H activity.

Name of Policy Holder: ________________________________  
Policy Number: ________________________________  
Member ID #: ________________________________

Insurance Co. Name: ________________________________  
Insurance Co. Phone #: ________________________________

A copy of the front and back of all insurance and Rx identification cards is attached

**Excess Insurance:** Insurance coverage is provided on an excess basis only. The participant’s personal health insurance policy will be primary and provide coverage for accident and sickness. In the event the participant does not have health insurance this policy will provide coverage for accident and sickness. Pre-existing conditions are not covered.

**Summary of Excess Benefits & Limitations**

- Accident Medical Expense (Above Primary Coverage) $25,000
- Accident Dental Expense (Above Primary Coverage) Included
- Sickness Medical Expense (Above Primary Coverage) $500
- Deductible $0
- AD&D and Paralysis, Principal Sum $0
- Benefit Period One Year

**Parent/Guardian Authorizations:** All information provided on the Insurance Form, Health History and Medication Form are correct and complete as far as I know. The person herein described has permission to engage in all event activities except as noted. I hereby give permission to the event designee to provide routine health care, administer prescribed and over the counter medications, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the staff to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian/participant (if over 18 years): ________________________________  Date: ________________________________
# Medical Information

Delegate’s Name: ____________________________________________

Date: ______________________________________________________

<table>
<thead>
<tr>
<th>Has/does the participant:</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had any recent injury, illness or infectious disease?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>16. Ever had back problems?</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Have a chronic or recurring illness/condition?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>17. Ever had problems with joints; e.g., knees, ankles?</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Ever been hospitalized?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>18. Have an orthodontic appliance being brought to camp?</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. Ever had surgery?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>19. Have any skin problems (e.g., itching, rash, acne)?</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. Have frequent headaches?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>20. Have diabetes?</td>
<td>[ ]</td>
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<tr>
<td>6. Ever had a head injury?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>21. Have asthma?</td>
<td>[ ]</td>
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<tr>
<td>7. Ever been knocked unconscious?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>22. Had mononucleosis in the past 12 months?</td>
<td>[ ]</td>
</tr>
<tr>
<td>8. Wear glasses, contacts or protective eye wear?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>23. Had problems with diarrhea/constipation?</td>
<td>[ ]</td>
</tr>
<tr>
<td>9. Ever had frequent ear infections?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>24. Had problems with sleepwalking?</td>
<td>[ ]</td>
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<tr>
<td>10. Ever passed out during or after exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>25. If female, have an abnormal menstrual history?</td>
<td>[ ]</td>
</tr>
<tr>
<td>11. Ever been dizzy during or after exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>26. Have a history of bed-wetting?</td>
<td>[ ]</td>
</tr>
<tr>
<td>12. Ever had seizures?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>27. Ever had an eating disorder?</td>
<td>[ ]</td>
</tr>
<tr>
<td>13. Ever had chest pain during or after exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>28. Ever had emotional difficulties for which professional help was sought?</td>
<td>[ ]</td>
</tr>
<tr>
<td>14. Ever had high blood pressure?</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Ever been diagnosed with a heart murmur?</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
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</tr>
</tbody>
</table>

Please explain any 'yes' answers, noting the number of the questions.

<table>
<thead>
<tr>
<th>Which of the following has the participant had?</th>
<th>Please give all dates of immunization for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Chicken Pox</td>
<td>DTP</td>
</tr>
<tr>
<td>[ ] German measles</td>
<td>TD (tetanus/diphtheria)</td>
</tr>
<tr>
<td>[ ] Mumps</td>
<td>Polio</td>
</tr>
<tr>
<td>[ ] Hepatitis A</td>
<td>MMR</td>
</tr>
<tr>
<td>[ ] Hepatitis B</td>
<td>or Measles</td>
</tr>
<tr>
<td>[ ] Hepatitis C</td>
<td>or Mumps</td>
</tr>
<tr>
<td>[ ] Hepatitis E</td>
<td>or Rubella</td>
</tr>
<tr>
<td>TB Mantoux Test</td>
<td>Haemophilus influenza B</td>
</tr>
<tr>
<td>Date of last test</td>
<td></td>
</tr>
</tbody>
</table>

Hepatitis B

Result [ ] Positive [ ] Negative Varicella (chicken pox)

**Health History:** The following information should be completed for ALL youth and adults attending this program, event or activity. The intent of this information is to provide health care personnel the background to provide appropriate medical treatment.

Keep a copy of the completed form for your records. Any changes to this form should be provided to health personnel upon participant’s arrival. Provide complete information so that the pro-gram coordinators can be aware of the participant’s needs.

**ALLERGIES** List all known Describe reaction and management of the reaction.

Medications allergies (list)

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

Please list any **DIETARY RESTRICTIONS** that apply to participant:
Please rank your top 2 UK College of Agriculture Tour Tracks.  
You will only attend one track.

<table>
<thead>
<tr>
<th>JR. MANRRS Tracks</th>
<th>Tour Description</th>
<th>Rank</th>
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</thead>
<tbody>
<tr>
<td><strong>UK Agriculture</strong></td>
<td></td>
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<tr>
<td><em>(Choose 2 of the 4)</em></td>
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<td></td>
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<tr>
<td></td>
<td><strong>Entomology</strong></td>
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<tr>
<td></td>
<td>Do you love bugs? Or better yet have you ever wanted to develop a product to wipe them all out!? This tour will educate you on bugs, critters, and more; their importance in maintaining the cycle of life and the role insects play in forensic science.</td>
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<td></td>
<td><strong>Meat Science Laboratory</strong></td>
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<tr>
<td></td>
<td>Do you want to learn more about food and animal sciences? This fun and interactive tour is designed to educate individuals in the meat, food, and livestock industries. Student will learn the Principles of Meat Science, that involves teaching slaughter and fabrication.</td>
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</tr>
<tr>
<td></td>
<td><strong>Veterinary Pathology</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do want to become a veterinarian or learn more about animals and research? The UK Veterinary Animal Pathology Diagnostic Lab is charged with the diagnosis of animal diseases, and the performance of tests which safeguard the health of the animal population in Kentucky. Students will learn about animal health through the dissecting and analyzing of deceased animals!</td>
<td></td>
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</tbody>
</table>

| Food and Environment                    |                                                                                  |      |
| *(Choose 2 of the 4)*                   |                                                                                  |      |
|                                         | **Food Preparation Laboratory & Lemon Tree Enterprise**                         |      |
|                                         | This tour is for Students who desire to learn more about Nutrition, Event Planning, Management and Business, the Food Industry and more! The Lemon Tree Enterprise is a student-operated restaurant right here on UK’s Campus! |      |
|                                         | **Textile Testing Laboratory**                                                  |      |
|                                         | Are you creative? Do you want to study Fashion? Create your own line or own your own boutique? The Textile Testing Lab provides assistance to the textile and apparel industry through the development of high quality products, evaluation and/or development of specifications for an existing product, and evaluation of the end use performance of a product |      |
|                                         | **Nutritional Assessment Laboratory**                                           |      |
|                                         | Are you interested in the health field? Do you want help people become healthy and live longer lives by becoming a nutritionist, doctor or physical trainer? This workshop will allow you to learn about nutrition and health and experiment with the bodpod, a new tool to use in conducting research related to nutrition, body composition, and weight management. |      |
|                                         | **Family Interaction Laboratory**                                               |      |
|                                         | Students interested in becoming therapist, counselors, and who aspire to work with youth and families should participate in this workshop. The Lab includes equipment to make video recordings of family interaction plus wireless portable devices that measure brain activity! |      |