









When: Tuesday, August 27<sup>th</sup>, 2024 Where: M.G. Newell Corporation

> 7004 Cessna Drive Greensboro, NC

Cost: \$150 per attendee (lunch included)

| Tuesday, August 27 <sup>th</sup> , 2024 |  |  |
|---|--|--|
| 9:00 am                                 | Welcome and Introduction   | Gray Sherrill<br>President, M.G.<br>Newell |
| 9:15 am                                 | <ul> <li>Steam Overview</li> <li>Steam system fundamentals</li> <li>Steam traps 101 – functions of traps, types, troubleshooting</li> <li>Steam valves – pressure regulators, temperature regulators, control valves, safety relief valves, condensate return</li> </ul>   | Spirax-Sarco                               |
| 12:00                                   | Lunch  |  |
| 1:00 pm                                 | <ul> <li>Heat Exchangers</li> <li>Basics of heat transfer (Indirect/Convection/Conduction)</li> <li>Fluid mechanics (viscosity/Newtonian/non-Newtonian/Thixoptropic)</li> <li>Types of sanitary process heat exchangers (Plate/Tubular/Scrape)</li> <li>Plate heat exchanger (Flow/Passes/Sections)</li> <li>Types of processes (Pasteurization/Regeneration/HTST/Hot Fill/Trim)</li> <li>Tubular (Double/Triple/Multi)</li> <li>Shell &amp; Tube (Grades of S&amp;T Utility/CIP/Biopharma)</li> <li>Maintenance/Testing</li> <li>Corrosion</li> </ul> | Leon Sanders,<br>Thermaline                |
| 4:00 pm                                 | End Day  |  |

Register online - Newell University registration - August 2024



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**Hilton Garden Inn Greensboro** 











## **Newell University Registration Form**

Please fill out the registration form and send back with payment. Or you can register online using this link:

## Newell University Registration - August 2024

Payment can be made by check or credit card. Checks should be made payable to M.G. Newell Corporation. Credit card information should be provided in the fields below. Payment and registration form must be received by August 15th, **2024**. There are a limited number of seats available!

| Name:                      |   |  |
|----------------------------|---|--|
| Title:                     |   |  |
| Company:                   |   |  |
| Email Address:             |   |  |
|                            |   |  |
| If you have any dietary re | trictions or allergies, please note in the box below. |  |
| Dietary restriction:       |   |  |
|                            |   |  |
|                            |   |  |
| Please email or mail comp  | leted form and payment to:                            |  |
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Greensboro, NC 27409 mimi.cartee@mgnewell.com

If paying by credit card, please provide the information below.

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| Expiration Date (month/year):   |  |

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