



## **Affiliate Annual Report for Calendar Year 2017**

*(Complete Attachment B to be considered for one or more 2018 Affiliate Awards.)*

To maintain compliance with IAFP Constitution and Bylaws, Affiliates must return this completed report. Please send by E-mail to Susan Smith at: [ssmith@foodprotection.org](mailto:ssmith@foodprotection.org).

Please return the following items **electronically** by **Tuesday, February 13, 2018** (late reports will not be considered for awards):

**REQUIRED:**

This completed form (*in English*).

Your Association's membership list (Item 2).

Your Association's list of current term officers (complete Attachment A).

**OPTIONAL:**

Attachment B: Completion required **only** if your Association requests to be considered for one or more Affiliate Awards.

IAFP will now accept all Affiliate Annual Reports electronically, including those vying for one or more of the Affiliate Awards. *Affiliates seeking to present the highest quality visual presentation are encouraged to present their Annual Report in the highest quality possible for review by the Selection Committee.*

Digital photos (with names and descriptions) to appear in the *Affiliate View* quarterly newsletter.

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## **Hungary Association for Food Protection**

### **1. Your Official Delegate to IAFP Affiliate Council and Contact**

*Enter in the fields below the information requested for your Association's official Delegate to the IAFP Affiliate Council and your official Contact for IAFP correspondence. Delegate must be an IAFP Member.*

**Official Delegate to IAFP Affiliate Council**

Dr. László VARGA

Széchenyi István University, Faculty of Agricultural and Food Sciences, Institute of Food Science, Lucsony u. 15-17

Address 2

Mosonmagyaróvár, H-9200 Hungary

+36-96-566-652

[varga.laszlo@sze.hu](mailto:varga.laszlo@sze.hu)

IAFP Member? Y  N

**Official Contact for IAFP Correspondence (indicate “same” if person also serves as Delegate)**

Dr. Csilla MOHÁCSI-FARKAS

Szent István University, Faculty of Food Science, Dept. of Microbiology and Biotechnology

Somlói út 14-16.,

Budapest, H-1118, Hungary

+36-1-350-7202

farkas.csilla@etk.szie.hu

IAFP Member? Y  N

**2. Membership List**

- a. Indicate the current total number of members in your Association: 15
- b. How many NEW members joined your Association in 2017? -
- c. Fax or E-mail your current membership list. Include name, title, complete address, phone number, fax number, and E-mail address of all active members.

**3. Meetings: Annual Meeting/Conference, Educational, Workshops, Webinars, etc.**

a. On what date(s) was your most recent general membership or major meeting (i.e., Annual Meeting/Conference) during the past year? Please list number of attendees.  
enter most current major meeting and number of attendees

b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):

2018. 03. 01. Data analysis and food safety conference will held in Budapest.

c. List all other general membership meetings held in 2017 (excluding board meetings). Include title, dates and attendance numbers.

Board Meeting	11 <sup>st</sup> December 2017. 3 attendees
Name of Meeting	Date(s) Held & # of Attendees
Name of Meeting	Date(s) Held & # of Attendees

#### 4. Awards and Scholarships

a. List members honored with an award from your Association and/or IAFP during 2017. Include name of award and qualification for award.

Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?

b. List scholarships awarded during 2017; include recipient and qualification for scholarship.

Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?

#### 5. Web Communication

*Please be sure to keep the IAFP office on your mailing list for newsletters, E-mail, and other communications to your general membership.*

Please provide your existing Affiliate's Web site address AND date last updated:  
 enter Web address here and last update

Did you launch a new Affiliate Web site in 2017? Y  N

**Attachment A (completion required)**

**Association Officers List**

*Provide the contact information requested below for all current officers of your Association. **Please indicate if each officer is an IAFP Member (reminder: Your President and Delegate are required to be IAFP Members).** The information you provide here is published on our Web site and in select membership materials. The information may be typed in the fields below or may be sent to our office by E-mail, fax or regular mail.*

Indicate the term dates (e.g., 2017–2018) for your current Executive Board:  
enter term dates

President Dr. Csilla Mohácsi-Farkas Somlói út 14-16. Address 2 Budapest, H-1118 Hungary +36-1-350-7202 Farkas.Csilla@etk.szie.hu IAFP Member? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Officer Title Officer Name Address 1 Address 2 City, State ZIP Country Phone Number E-mail address IAFP Member? Y <input type="checkbox"/> N <input type="checkbox"/>
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Vice president Dr. Gabriella Kiskó Somlói út 14-16 Address 2 Budapest, H-1118 Hungary +36-1-350-7010 Kisko.gabriella@etk.szie.hu IAFP Member? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Officer Title Officer Name Address 1 Address 2 City, State ZIP Country Phone Number E-mail address IAFP Member? Y <input type="checkbox"/> N <input type="checkbox"/>
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Secretary and Treasurer Dr. Tekla Engelhardt Kis Rókus u. 15/B. Address 2 Budapest, H-1024 Hungary +36-20-469-9715 engelhardt@nebih.gov.hu IAFP Member? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Officer Title Officer Name Address 1 Address 2 City, State ZIP Country Phone Number E-mail address IAFP Member? Y <input type="checkbox"/> N <input type="checkbox"/>
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Officer Title Officer Name Address 1 Address 2 City, State ZIP Country Phone Number E-mail address IAFP Member? Y <input type="checkbox"/> N <input type="checkbox"/>	Officer Title Officer Name Address 1 Address 2 City, State ZIP Country Phone Number E-mail address IAFP Member? Y <input type="checkbox"/> N <input type="checkbox"/>
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*Before continuing, please check one of the boxes below:*

**CHECK HERE and return electronically by 2/13/18 IF YOUR AFFILIATE REQUESTS TO BE CONSIDERED FOR ONE OR MORE 2018 AFFILIATE AWARDS. (You are required to complete Attachment B.)**

**CHECK HERE IF YOUR AFFILIATE DOES NOT WANT TO BE CONSIDERED FOR A 2018 AWARD. (You are done! It is not necessary to complete Attachment B.)**