



## Affiliate Annual Report for Calendar Year 2018

**(Complete Attachment B to be considered for one or more 2019 Affiliate Awards.)**

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

Please return the following items **electronically** by **Tuesday, February 12, 2019 (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 now accepts **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. To avoid errors and omissions, please limit your submission to ONE email with all attachments.*
- Digital photos (with names and descriptions) to appear in the *Affiliate View* quarterly newsletter.

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## Hungarian 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.,

Address 2

Budapest, H-1118, Hungary

+36-1-350-7202

farkas.csilla@etk.szie.hu

IAFP Member? Y  N

## 2. Membership List

- Indicate the current total number of members in your Association: 15
- How many NEW members joined your Association in 2018? -
- Fax or email your current membership list. Include name, title, complete address, phone number, fax number, and email address of all active members.

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

- 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.

2018. 03. 01. Data analysis and food safety conference held in Budapest with 100 attendees.

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

Not known yet.

- List all other general membership meetings held in 2018 (excluding board meetings). Include title, dates and attendance numbers.

Data analysis and food safety	1 <sup>st</sup> March 2018. 100 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 2018. 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 2018; 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?
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#### 5. Web Communication

*Please be sure to keep the IAFP office on your mailing list for newsletters, email, 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 2018? 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 website and in select membership materials. The information may be typed in the fields below or may be sent to our office by email, fax or regular mail.

Indicate the term dates (e.g., 2018–2019) for your current Executive Board:

2018-2019

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  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  N

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  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  N

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  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  N

*Before continuing, please check one of the boxes below:*

**CHECK HERE and return electronically by 2/12/19 IF YOUR AFFILIATE REQUESTS TO BE CONSIDERED FOR ONE OR MORE 2019 AFFILIATE AWARDS. (You are required to complete Attachment B.)**

**CHECK HERE IF YOUR AFFILIATE DOES NOT WANT TO BE CONSIDERED FOR A 2019 AWARD. (You are done! It is not necessary to complete Attachment B.)**

## Attachment B (optional)

### Affiliate Award Considerations

*To be considered for one or more of the five Affiliate Awards to be presented at IAFP 2019, Affiliates are **required** to check the box next to the award(s) for which you wish to be considered and provide the related criteria (in English). (REMINDER: Please confirm IAFP Membership of your Affiliate President and Delegate **before** completing Attachment B to avoid award disqualification.) Submit your Annual Report and any attachments in **ONE** email to avoid errors and omissions.*

#### Affiliate Membership Achievement Award

How did your Affiliate grow **AND** retain members during the past year? Please provide details on:

- how new members were recruited throughout the year;
- the number of new members joining the Affiliate;
- the percent increase in membership from 2017 to 2018;
- specific efforts on how you retained existing members; and
- other methods related to helping grow and maintain your membership.

You may cut and paste copy in the space below or use a separate page if necessary; please limit your explanation to 500 words or less in 12 point type.

**Affiliate Communication Award**

How did your Affiliate communicate information to your Members during the past year? Please provide a description of the types of communication sent to your general membership and include samples with your Annual Report. Samples can be printed copies/screen shots of blast emails, Web site (include frequency of updating), electronic/print newsletters, brochures, etc., along with respective dates sent. If available, provide how effective specific communication was toward meeting your goals. You may cut and paste copy in the space below or use a separate page if necessary; please limit your explanation to 500 words or less in 12 point type.

**Affiliate Education Award**

What types of food safety education did your Affiliate provide to its members during the past year? Please provide the following details on all technical meetings, educational conferences, webinars, workshops, classes, and other methods pertinent to the interests of the membership:

- Background;
- Objectives;
- Agenda;
- Target audience;
- Dates held; and
- Numbers of attendees.

You may cut and paste copy in the space below or use a separate page if necessary; please limit your explanation to 500 words or less in 12 point type. *(Do not submit copies of speaker Power Point slide presentations.)*



**Best Overall Affiliate Meeting Award**

Did your Affiliate hold an outstanding self-sustainable (*not sponsored/co-sponsored by IAFP*) food protection meeting which you consider 'over and above' those normally held? If so, provide the following details, if applicable, on what led to a highly successful meeting:

- Type of meeting and the value it brought to Affiliate Members/attendees (does not need to be your Annual Meeting);
- Mission statement for meeting (if relevant);
- Content;
- Numbers of attendees:
  - Number of and overall percentage of Affiliate Members (for example, 100 total attendees with 75 of them being Affiliate Members = 75%)
  - Number of Guests (non-dues-paying Affiliate Members) and their affiliation to the Affiliate Chapter and/or meeting's topic(s)
- Audience participation (through roundtable discussions, exercises, etc.);
- Topics:
  - Agenda (you may include a printed copy with your award application)
- Speakers and their employer affiliations (if available);
- Sponsors;
- Diversity of meeting participants (range of sectors represented, i.e., students, academia, extension, government, NGO, industry representatives, etc., which can be broken down into services, i.e., retail, education, research, manufacturing, etc., if available); and
- Other information.

You may cut and paste copy in the space below or use a separate page if necessary; please limit your explanation to 500 words or less in 12 point type. (*Do not submit copies of speaker Power Point slide presentations.*)

**C.B. Shogren Memorial Award**

How did your Affiliate demonstrate exceptional overall achievement during the past year in promoting the mission of IAFP (*"To provide food safety professionals worldwide with a forum to exchange information on protecting the food supply"*)? "Overall achievement" should encompass at least several of the following activities/accomplishments of your Affiliate during 2018:

- Exceptional achievement in membership;
- Types and effectiveness of communication and education;
- Awards and scholarships presented;
- Attendance numbers at meetings;
- Collaboration with other professional organizations;
- donations to the IAFP Foundation; and
- Representation at the IAFP Affiliate Council Meeting (held during IAFP Annual Meeting); and
- Other pertinent information.

While not a requirement, strong consideration will be given to an Affiliate whose officers (beyond the requirement for the President and Delegate) are also IAFP Members. Provide a description and include any supporting documents. You may cut and paste copy in the space below or use separate pages if necessary; please limit your explanation to 1,000 words or less in 12 point type.

**C.B. Shogren Award**  
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