

## Affiliate Annual Report for Calendar Year 2022

(Complete Attachment B to be considered for one or more 2022 Affiliate Awards.)

To maintain compliance with IAFP Constitution and Bylaws, Affiliates must return this completed report. Please send by email to Susan Smith at: <a href="mailto:ssmith@foodprotection.org">ssmith@foodprotection.org</a>.

Please return the following items electronically by Tuesday, March 7, 2023 (late reports will not be considered for awards):

#### **REQUIRED:**

This completed form (in English).

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.

### Chilean 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

Name of Official Delegate MICHEL LEPORATI
Address 1 Av. Apoquindo 3401 of 21
Address 2
City, State ZIP Country Las Condes, Santiago, CHILE
Phone Number + 569 88997305
Email address michel.leporati@ceresbca.cl
IAFP Member? Y ☒ N ☐

Official Contact for IAFP Correspondence (indicate "same" if person also serves as
Delegate)
Name of official Contact for IAFP Correspondence SAME

Address 1
Address 2
City, State ZIP Country
Phone Number
Email address
IAFP Member? Y \( \sqrt{1} \) \( \sqrt{1} \)

## 2. Membership List

- a. Indicate the current total number of members in your Association: 30
- b. How many NEW members joined your Association in 2022? 0

# 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.
- b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):
- c. List all other general membership meetings held in 2022 (excluding board meetings). Include title, dates and attendance numbers.

Name of Meeting	Date(s) Held & # of 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 2022. Include

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 2022; 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, email, and other communications to your general membership.

Please	provide	your	existing	Affiliate's	Web	site	address	<u>AND</u>	date	last	updat	ed:
www.cl	napf.cl											

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#### 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., 2022–2023) for your current Executive Board: enter term dates Officer Title Officer Title Officer Name Officer Name Address 1 Address 1 Address 2 Address 2 City, State ZIP Country City, State ZIP Country Phone Number Phone Number Email address Email address IAFP Member? Y □  $N \square$ IAFP Member? Y □ N □ Officer Title Officer Title Officer Name Officer Name Address 1 Address 1 Address 2 Address 2 City, State ZIP Country City, State ZIP Country Phone Number Phone Number Email address Email address IAFP Member? Y □ N □ IAFP Member? Y □ N □ Officer Title Officer Title Officer Name Officer Name Address 1 Address 1 Address 2 Address 2 City, State ZIP Country City, State ZIP Country Phone Number Phone Number Email address Email address IAFP Member? Y □ N □ IAFP Member? Y □ N □ Officer Title Officer Title Officer Name Officer Name Address 1 Address 1 Address 2 Address 2 City, State ZIP Country City, State ZIP Country Phone Number Phone Number Email address Email address IAFP Member? Y □ N □ IAFP Member? Y □ N □