



Affiliate Annual Report for Calendar Year 2019

(Complete Attachment B to be considered for one or more 2020 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.

Please return the following items **electronically** by **Tuesday, February 11, 2020** (late reports will not be considered for awards):

REQUIRED:

This completed form (*in English*).

Your Association's membership list (Item 2).sso

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

Michel Leporati Nerón

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+56988997305

Michel.leporati@ceresbca.cl

IAFP Member? Y N

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

IAFP Member? Y N

2. Membership List

- a. Indicate the current total number of members in your Association: 63
- b. How many NEW members joined your Association in 2019? 17
- c. Fax or email your current membership list. Include name, title, complete address, phone number, fax number, and email address of all active members.

Name	Last name	Address	City	Region	Country	Fixed phone	Celular phone	E-Mail
Paula	Acevedo Osses	Colina	Santiago	RM	Chile		56 9 44722826	paula.acevedo@cl.bureauveritas.c
María del Carmen	Anjari Pinto	San Esteban	Los Andes	RM	Chile	342483126	56 9 9359 8542	manjari@anjari.cl
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Valentina	Arriagada González	Romeral	Curicó	VII	Chile	752431169	56 9 98839857	valentina@qualitylabs.cl
Karen Patricia	Baracatt Lobos	Las Condes	Santiago	RM	Chile		-	karen.baracatt@achipia.gob.cl
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Alejandro Eduardo	Bravo Cruz	San Miguel	Santiago	RM	Chile		56 9 9619 3916	aebavoc@gmail.com
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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.

CHAFFP sponsorship for the NSF IFSC (International Food Safety Conference) in Ecuador, September 2019. There were no money contributions for it. 120 attendees.

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

VI Cumbre INOFOOD y VII Simposio Latinoamericano de Inocuidad Alimentaria de IAFP. March 30 and 31, 2020 Santiago de Chile.

c. List all other general membership meetings held in 2019 (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 2019. Include name of award and qualification for award.

Andrea Moreno Switt	Larry Beuchat Young Researcher Award Andrea is an Associate Professor at Andres Bello University in Chile. She has developed a Food Safety program that is worldwide recognized, she was honored by this important Award in 2019.
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 2019; 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?
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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 AND date last updated:
www.chafp.cl

Did you launch a new Affiliate Web site in 2019? 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., 2019–2020) for your current Executive Board:
enter term dates

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IAFP Member? Y N

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Officer Title
Officer Name
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Address 2
City, State ZIP Country
Phone Number
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IAFP Member? Y N

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IAFP Member? Y N

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