



Affiliate Annual Report for Calendar Year 2025

(Complete Attachment B to be considered for one or more 2026 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, March 3, 2026** (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 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.

Name of Affiliate

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 Jenny Scott

Address 1 5001 Campus Drive

Address 2

City, State ZIP Country College Park, MD 20740 USA

Phone Number

Email address jennyscott@verizon.net

IAFP Member? Y ☒ N ☐

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

Name of official Contact for IAFP Correspondence Alexis Hamilton

Address 1 1230 Washington St SW

Address 2 402C

City, State ZIP Country Blacksburg, VA 24061 USA

Phone Number 540-231-1892

Email address ahamilton@vt.edu

IAFP Member? Y ☒ N ☐

2. Membership List

- a. Indicate the current total number of members in your Association: 404
- b. How many NEW members joined your Association in 2025? 1

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.
CAFPA-ASM D.C. Branch Fall Meeting 2025 (10/17/2025); 45 attendees

b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):
April 24, 2026; College Park, MD

c. List all other general membership meetings held in 2025 (excluding board meetings). Include title, dates and attendance numbers.

CAFPA Spring Meeting 2025	<i>Scheduled for April 9, 2025, at the College Park Wiley Building but cancelled due to reduction in force that impacted FDA</i>
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 2025. Include name of award and qualification for award.

Yuhuan Chen	IAFP Fellow
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 2025; include recipient and qualification for scholarship.

Shuyi Feng	Student Travel Award; Exceptional student
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 AND date last updated:

<https://www.cafpa.com/>; Fall 2021

Did you launch a new Affiliate Web site in 2025? 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., 2025–2026) for your current Executive Board:
January – December 2025

Officer Title President
Officer Name Bob Ferguson
Address 1 205 Beaumanor Rd
Address 2
City, State ZIP Country State College,
PA 16803 USA
Phone Number 443-244-5245
Email address bob@strategic-consult.com
IAFP Member? Y ☒ N ☐

Officer Title Vice President
Officer Name *Not filled at this time*
Address 1
Address 2
City, State ZIP Country
Phone Number
Email address
IAFP Member? Y ☐ N ☐

Officer Title Secretary
Officer Name Alexis Hamilton
Address 1 120 Washington St SW
Address 2 402C
City, State ZIP Country Blacksburg, VA
24061 USA
Phone Number 540-231-1892
Email address ahamilton@vt.edu
IAFP Member? Y ☒ N ☐

Officer Title Treasurer
Officer Name Lory Reveil
Address 1 1101 30th St NW
Address 2 Suite 200
City, State ZIP Country Washington,
D.C. 20007 USA
Phone Number 505-450-1719
Email address lory.reveil@gmail.com

IAFP Member? Y ☒ N ☐

Officer Title Past President
Officer Name Elizabeth Reed
Address 1 5001 Campus Drive
Address 2
City, State ZIP Country College Park,
MD 20740 USA
Phone Number 301-385-3286
Email address
Elizabeth.Reed@fda.hhs.gov
IAFP Member? Y ☒ N ☐

Officer Title
Officer Name
Address 1
Address 2
City, State ZIP Country
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IAFP Member? Y ☐ N ☐

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