



Affiliate Annual Report for Calendar Year 2020

(Complete Attachment B to be considered for one or more 2021 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).

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.

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

IAFP Member? Y N

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

Dr. Csilla MOHÁCSI-FARKAS

Hungarian University of Agriculture and Life Sciences Institute of Food Science and Technology
Somlói út 14-16.,

Address 2

Budapest, H-1118, Hungary

+36-1-350-7202

Mohacsine.Farkas.Csilla@uni-mate.hu

IAFP Member? Y N

2. Membership List

- a. Indicate the current total number of members in your Association: 16
- b. How many NEW members joined your Association in 2020? 2
- c. 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.

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):

Because of the Covid-19 situation it is not known yet

c. List all other general membership meetings held in 2020 (excluding board meetings). Include title, dates and attendance numbers.

Because of the COVID situation, we only had one online board meeting on 15.09.2020, with 4 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 2020. 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 2020; 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 AND date last updated:
enter Web address here and last update

Did you launch a new Affiliate Web site in 2020? 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., 2020–2021) for your current Executive Board:
2020-2021

President
Dr. Csilla Mohácsi-Farkas
Somlói út 14-16.
Address 2
Budapest, H-1118 Hungary
+36-1-350-7202
Mohacsine.Farkas.Csilla@uni-mate.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@uni-mate.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
István utca 2.
Address 2
Budapest, H-1078 Hungary
+36-20-469-9715
teklaengelhardt@gmail.com
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