

ESPEN Dietitians' Group Questionnaire.

Name : _____

Job Title : _____

Home Address : _____

City Country : _____

Work Address : _____

City Country : _____

Home Phone : _____

Work Phone : _____

Fax Number : _____

E-mail : _____

Degrees (i.e. BS Dietetic) : _____

of years of experience : _____

Areas of interest : _____

Areas of specialization : _____

Are you a member of ESPEN? YES___ NO___

If not, are you planning to become a member? YES___ NO___

Are you a member of your countries' dietitian association? YES___ NO___

Your national Parenteral and Enteral Nutrition Society? YES___ NO___

What would you like the Dietitians' Group to do for you? _____

Would you be willing to review Consensus Statements or Standard of Practice Statements?

YES ___ NO ___ Comments: _____

Would you be willing to be a speaker at the ESPEN Congress? YES ___ NO ___

<p>Topic _____</p> <p>Suggestions</p> <p>_____</p> <p>_____</p> <p>Comments</p> <p>_____</p> <p>_____</p>	<p>Please press print below, complete and return by mail or fax to the address below. Thank you for your time.</p> <p>Luiza Kent-Smith, RD, PhD, ESPEN Dietitians' Group Chair Faculd. de Ciencias da Nutricao U. Porto Rua Dr Roberto Frias 4200-465 Porto Portugal Fax +351 22 507 4329</p>
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