

ESPEN Dietitians' Group Questionnaire.

Name : _____

Job Title : _____

Home Adress : _____

City Country : _____

Work Adress : _____

City Country : _____

Home Phone : _____

Work Phone : _____

Fax Number : _____

E-mail : _____

Degrees (i.e. BSc/MSc, PhD) : _____

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

Topic _____

Suggestions _____

Comments _____

Please print this form and return it by fax or e-mail to the address below.

Thank you for your time.

Marian van Bokhorst – de van der Schueren, ESPEN Dietitians' Group Chair

VU University Medical Center, Dept of Nutrition and Dietetics

PO Box 7057, 1007 MB Amsterdam, The Netherlands

E-mail: m.vanbokhorst@vumc.nl

Fax: ++31-20-4444143