***This form is provided to help the Issue Submitter organize information in advance of submitting their final narrative online.
Please refer to the document titled “Issue Preparation & Review – Process & Checklist” for guidance*.**

Conference for Food Protection

Biennial Meeting ▪ Issue Pre-submission Form

***It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.* *Issues where brand names are used in the Issue, rationale, or solution will be rejected.***

**To provide guidance to Council in their preparation for Issue deliberation, please check if applicable:**

 [ ]  This Issue was submitted for consideration at a previous biennial meeting;
see Issue # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert year and final assigned Issue number)*.

 [ ]  *New or additional information has been included or attached*.

 [ ]  *Recommended Solution has been revised since previous submission*.

**Title:**

**Issue you would like the Conference to consider:**

**Public Health Significance:**

**Recommended Solution:**

*The Conference recommends….*

**Attachments:**

**Content Documents:** *(documents requiring Council review; approval or acknowledgement is requested in the recommended solution above)*

**Supporting Attachments:** *(documents submitted to provide background information to Council)*

**Submitter Information:**

[ ] I am a first time Issue submitter

*NOTE: checking the “first time submitter” box will enable the assigned Council Chair to contact you in advance of the Biennial Meeting to answer any questions about the process involved in presenting an Issue to Council. Checking this box is for Council Chair information only and is NOT included in the final Issue document presented to Council.*

*Contact information entered below will remain with the final Issue submission posted and archived on the CFP website.*

|  |  |  |
| --- | --- | --- |
|  | ***Contact #1*** | ***Contact #2*** |
| **Name** |  |  |
| **Organization**  |  |  |
| **Address** *(line 1)* |  |  |
| **Address** *(line 2)* |  |  |
| **City / State / Zip** |  |  |
| **E-mail** |  |  |
| **Telephone** |  |  |