**APPLICATION FOR ASSOCIATE MEMBERSHIP**

**APPLICANT'S INFORMATION**

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First & Last Name |  | | |
| E-mail Address |  | | |
| Telephone |  | Fax |  |
| Mobile Phone |  | | |
| Postal address |  | | |
| City & Country |  | | |
| Membership in another industry associations |  | | |

**Work Information**

|  |  |
| --- | --- |
| Company/Institution |  |
| Time spent in the current company |  |
| Position |  |
| Time spent at the current position |  |
| Primary business (check just one!) | PCO DMC EMC HOTEL VENUE CONVENTION BUREAU TRANSPORT MEDIA TECHNICAL SUPPORT OTHER (please specify) |

**REFERENCES**

Please, name two references: 1 client and 1 supplier or 2 clients.

**Reference 1:**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | | |
| First Name |  | | |
| Company/Institution |  | | |
| E-mail address |  | | |
| Telephone |  | Fax |  |
| Mobile Phone |  | | |
| Postal Address |  | | |
| City & Country |  | | |

**Reference 2:**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | | |
| First Name |  | | |
| Company/Institution |  | | |
| E-mail address |  | | |
| Telephone |  | Fax |  |
| Mobile Phone |  | | |
| Postal Address |  | | |
| City & Country |  | | |

**PROFESSIONAL EXPERIENCE**

Please, check the activities you have most personal experience in:

* Administration services
* Handling participants registrations and payments
* Preparing marketing plan (including design, web, print)
* Preparing the program agenda
* Preparing the budget for the event
* Planning and organizing social activities
* Onsite delegates’ registration
* Onsite payment collection
* Providing logistical and technical support
* Organization, promotion and selling of sponsorships and industry exhibitions
* Handling the speakers, guests, VIPs
* Contacting the media
* Coaching the staff
* Delegates’ individual accommodation
* Handling local transportation and excursions
* Overall project control during its execution
* Overall income and cost control
* Contracting the client and suppliers
* Final accounting and reporting

|  |  |  |
| --- | --- | --- |
| Total number of projects you participated in | |  |
| The largest number of participants you handled at one event | |  |
| Please, name two projects you handled: | | |
| *Project no. 1*  *Name:*  *Local or international:*  *Place:*  *Number of days:*  *Number of participants:* | *Project no. 2*  *Name:*  *Local or international:*  *Place:*  *Number of days:*  *Number of participants:* | |

**ACKNOWLEDGEMENT**

All information provided in this application is complete and correct to the best of my knowledge and belief and if additional information is needed, I will supply it. I shall conduct my activities in accordance with the Bylaws, Policies and Procedures of CMPA as they are now or amended in the future. I agree to allow my contact information to be included in all CMPA marketing preference lists.

Place and Date Applicant’s Print Name Applicant’s Signature

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**Application should be sent by mail:** [**info@cmpa.eu**](mailto:info@cmpa.eu)