



CONVENTIONS & INCENTIVES NEW ZEALAND (CINZ)  
CINZ PROFESSIONAL CONFERENCE ORGANISERS GROUP  
Application for CINZ Approved PCO Group Membership

**Company/Organisation Name:** .....

**confirm our 'core' business is organising and managing conferences – a "conference must involve at least 50 persons and run for 2 or more days".**

**Name of "Qualified Person":** .....

**Position Title:** .....

**Address Details: Postal:** .....  
.....

**Physical:** .....  
.....

**Contact Details: Phone:** ..... **Mobile:** .....

**Email:** .....

**Website:** .....

**How long have you been in business?** .....  
*(Minimum two years' experience in organising and managing conferences is required)*

**Are you linked directly or have membership to any other company or organisation?**

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**Main Activity of the Company:** .....

**Secondary Activity of the Company:** .....

**How many conferences a year do you do?** .....

**What is the average length in days of each conference?**.....

**What is the average attendance number at each conference?** .....

**Why do you wish to join the CINZ Approved PCO Group:**

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**Declaration:**

I have read the "**Minimum Service Levels**" document and comply with all criteria contained in that document. I confirm that I/we operate a computerised conference management system (*please attach details of software package used*).

I also confirm that I have read the "**Code of Ethics, Rules and Responsibilities**" pertaining to CINZ Approved PCO Group Membership, and if this application is successful, I/we agree to abide by all points in that document. I have also attached to my Application Form the relevant documents to detail that our company complies with the "Code of Ethics" document.

**Applicant's Signature:** ..... **Date:** .....



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**Please send all completed and signed documents, together with relevant back-up documents to:**

**CINZ, PO Box 331202, Takapuna, Auckland 0740**

**or:**

**Email: [admin@nzconventions.co.nz](mailto:admin@nzconventions.co.nz)**

**Checklist:**

- Application for CINZ Approved PCO Group Membership – completed and signed**
- Minimum Service Levels – completed and signed**
- Code of Ethics, Rules & Responsibilities – completed and signed**
- Letter from your Bank confirming all Clients' Funds are held separately and are protected (complying with "Code of Ethics" Clause 2)**
- Insurance Certificates – Public Liability; Professional Indemnity; & Cyber Cover**
- Sample of Client Contract (complying with "Code of Ethics" Clause 3)**
- Copy of an Event Risk Management Plan**
- Names of Referees plus 3 Written References, each signed by Referee**
- Details of Software Package used**

*(CINZ wish to acknowledge IAPCO (International Association of Professional Congress Organisers) Guidelines from which this text has been extracted.)*



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**Names of Referees:**

**Conference 1:** Event Name: .....

Dates Held: .....

Location: .....

Number of Delegates: .....

Name of Referee: .....

Contact Details (for checking purposes): .....

**Conference 2:** Event Name: .....

Dates Held: .....

Location: .....

Number of Delegates: .....

Name of Referee: .....

Contact Details (for checking purposes): .....

**Conference 3:** Event Name: .....

Dates Held: .....

Location: .....

Number of Delegates: .....

Name of Referee: .....

Contact Details (for checking purposes): .....

***Please provide signed, written references for all three conferences.***