



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? (You must be a current financial Member of CINZ):

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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:**

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

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 some of 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.