



NEW ZEALAND CONVENTION ASSOCIATION
PROFESSIONAL CONFERENCE ORGANISERS GROUP

Application for CINZ Approved PCO Group Membership

We

Name of Company

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":

Contact Details: Position Title:

Postal:

Physical:

Telephone: Mobile:

Email:

How long have you been in business?

Are you linked directly to any other company or organisation?

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?

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*).

If this application is successful, I also confirm that I have read the "Code of Ethics, Rules and Responsibilities" pertaining to CINZ Approved PCO Group Membership, and agree to abide by the points outlined 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 alternatively:

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 Bank if you do not operate separate Trust Accounts for each Client
- ☐ Insurance Certificates – Public Liability & Professional Indemnity
- ☐ Sample of Client Contract (complying with "Code of Ethics" particularly Clauses 2 & 3)
- ☐ Names of Referees plus 3 Written References, each signed by Referee
- ☐ Details of Software Package used



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Names of Referees:

Conference 1: Event Name:

Date Held:

Number of Delegates:

Name of Referee:

Contact Details (for checking purposes):

Conference 2: Event Name:

Date Held:

Number of Delegates:

Name of Referee:

Contact Details (for checking purposes):

Conference 3: Event Name:

Date Held:

Number of Delegates:

Name of Referee:

Contact Details (for checking purposes):

Please provide signed, written references for all three conferences.