



Association for Convention Operations Management

Membership Application

First _____ MI _____ Last _____ Suffix _____

Nickname _____ Designation(s): CMP LES CMM Other (_____)

Title _____

Company / Organization _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____ E-mail _____

Name of Person Who Referred You to ACOM: _____

Check here if you would like to be assigned an ACOM buddy.

Type of Membership

- Active \$225.00
- Meeting Professional \$225.00
- Additional Active (second and additional applicants from the same site) \$120.00
- Allied (Supplier / Provider to the convention services profession) \$175.00
- Student \$25.00
- Educational Institution \$25.00

Fees are in U.S. dollars and are for a calendar year period.

Payment Information (Applications are not processed until payment is received.)

\$ _____ Check Payable to: **ACOM** (payable in U.S. Dollars drawn on a U.S. bank)

AMEX MasterCard VISA

Card Number _____ Expiration _____ **ACOM EIN: 58-1780380**

Send this application with payment to:
Association for Convention Operations Management
191 Clarksville Road
Princeton Junction, NJ 08550

Company / Organization Information

Type of Business: Convention Center Convention & Visitors Bureau Hotel

Supplier (Product/Service _____) Educational Institution

Other (describe: _____)

Complete Reverse Side

Company Website _____

Name of Your Supervisor _____ Supervisor's Title _____

Supervisor's Address _____

Supervisor's E-mail _____

ACOM has several award programs one of which involves the nomination of members by their employers. We ask for your supervisor's contract information so we can make he or she aware of this and other ACOM programs of interest.

Information About Your Job

Years in current position _____ Years with current employer _____

Years in meetings & conventions industry _____ Number of staff in convention services department _____

Number of staff you directly manage _____ Number of events handled per year _____

Managerial Duties (check all that apply)

interviewing

hiring decisions

performance evaluation

procedure development

personnel policy

budgeting

staff scheduling

staff training

job design

salary administration

financial reporting

development of systems or workflow

Other Duties (check all that apply)

catering sales

special event arrangement

site inspections

housing services

registration personnel

visitor information

promotional assistance

pre / post event planning

up-selling

amenity / gift selection

assistance

billing review

Information About You

The following information is asked to assist ACOM in assessing its membership for program, sponsorship, professional advocacy and strategic planning purposes. Completion of this information is optional, will be kept confidential, and will not be released on an individual basis.

Are you a member of:

PCMA

MPI

SCMP

SGMP

IACVB

HSMIA

NACE

IAAM

IAEM

ISES

RCMA

Local chapter of _____

Other _____

Educational Background

High School

Some College

Bachelors Degree

Graduate Work

Age

18 — 25

25 — 35

35 — 45

45 — 55

55 — 65

over 65

Annualized Compensation Level

under \$25,000

\$25,000 - \$45,000

\$45,000 - \$65,000

\$65,000 - \$85,000

\$85,000 - \$100,000

over \$100,000