



## **The Professional Conference Organisers Association Inc.**

### **Certified Event Company (CEC) Application Form**

Mr/Mrs/Ms: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Business URL: \_\_\_\_\_

#### **Details of currently employed CEM**

Mr/Mrs/Ms: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

CEM Telephone No: \_\_\_\_\_ CEM Mobile: \_\_\_\_\_

CEM Fax No: \_\_\_\_\_ CEM Email: \_\_\_\_\_

The information requested below and the application fee of \$495 is to be attached to this application

***Applicants must be current members of The PCO Association Inc. For New Zealand members, applicants must also be a fully compliant member of the CINZ PCO Group.***

- 1      **Name of computerised event management system**
- 2      **Attach details of the QA system that the business currently has in place**
- 3      **Attach a copy of the Certificate of Business Registration**
- 4      **Attach a copy of the annual ASIC statement of solvency**
- 5      **Attach a copy of the standard engagement letter with Clients**
- 6      **Attach a copy of the PI insurance policy (for a minimum of \$1 million) and certificate of currency**
- 7      **Attach a copy of the Public Liability insurance policy and certificate of currency**

I hereby declare that the information provided in this application is a true and correct representation of my business.

If my application is successful, I agree to a tri-annual audit (at a cost to my business at the rates published on the PCO website) re QA, computerised event management system, general business processes and sighting of event accounts as per above

Signed by the Applicant

Date

**Payment Details:**

**Option 1:**

Make cheque payable to the PCO Association Inc

**Option 2:**

EFT to the account of the PCO Association Inc  
Westpac Banking Corporation  
The Pines Qld  
BSB 034 604  
Account Number 21 2480

An email to council@pco.asn.au containing details of the transaction must accompany any eft payment

**Option 3:**

Credit Card Authority for Payment

Please indicate your credit card type below:

Master Card     Visa

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Verification number is \_\_\_\_\_

Signature \_\_\_\_\_

Application fee authorised \$ \_\_\_\_\_

Please send completed application with payment to:-

**McFillin Audit Services**  
**PO Box 2040**  
**Strathpine Qld 4500**  
**E info@mcfaudit.com.au**