



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 AU\$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

<p>CEC Application Fee = AU\$495.00</p> <p>Payment Details:</p> <p>Option 1:</p> <p>Make cheque payable to the PCO Association Inc</p> <p>Option 2:</p> <p>EFT to the account of the PCO Association Inc Westpac Banking Corporation The Pines Qld BSB 034 604 Account Number 21 2480</p> <p>An email to council@pco.asn.au containing details of the transaction must accompany any eft payment</p> <p>Option 3:</p> <p>Credit Card Authority for Payment</p> <p>Please indicate your credit card type below:</p> <p><input type="checkbox"/> Master Card <input type="checkbox"/> Visa</p> <p>Cardholder Name _____</p> <p>Card Number _____</p> <p>Expiry Date _____</p> <p>Verification number is _____</p> <p>Signature _____</p> <p>Application fee authorised \$ _____</p>

Please send completed application with payment to:-

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