



The Professional Conference Organisers Association Inc.

Certified Event Manager (CEM)

Recognition of Prior Knowledge (RPK) Application Form

Mr/Mrs/Ms: _____ Surname: _____ First Name: _____

Organisation: _____

Mailing Address: _____

Tel No: _____ Mobile: _____

Fax No: _____ Email: _____

Business URL: _____

The application fee of AU\$295.00 (inc GST) must be forwarded with this application. Referees have the option of forwarding written testimonials directly to the Association.

Applicants must be a current member of The PCO Association Inc.

EVENT EXPERIENCE AND QUALITY OF DELIVERY

The applicant must have held a position as an Event Manager or Conference Manager for a minimum period of 5 years immediately prior to this application. Please attach evidence (e.g. letter from employer; company profile; career summary).

Written testimonials are required from 5 clients, providing evidence of the successful completion of events covering the 5 years immediately prior to this application.

Written testimonials are required from 5 venues/suppliers covering the 5 years immediately prior to this application.

Testimonials for In-house PCOs may be provided by either their Director or Department Head and one testimonial may cover multiple years.

Testimonials for PCO Educators may be provided by their Department Head and may be by way of a declaration of 5 years experience as a Tertiary Lecturer or similar position

A Guideline for referees is available on the PCO website. Please ensure referees include contact details.

I hereby declare that the information provided in this application is a true and correct representation of my past 5 years work history and that the referees have been informed that they will be contacted by an Assessor from the PCO Association to confirm the testimonial they have provided to accompany this application.

Signed by the Applicant..... Date



PAYMENT DETAILS

RPK Application Fee: \$295.00 (inc GST)

Option 1: Make cheque payable to the PCO Association Inc

Option 2: EFT to the account of:
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 AU\$ _____

Please send completed application with payment to:-

**PCO Association Inc
PO Box 1380
Palm Beach Qld 4221**