

CMP VOLUNTEER FORM

**Please: All fields must be filled in to be considered for a
volunteer position on the CMP program.**

First Name	
Last Name	
Certifications/Designations	
Title	
Company Name	
Address	
City, State, and Zip Code	
Country:	
Phone Number	
E-mail Address	
How many years have you had your CMP?	
Planners please select your area of expertise:	Suppliers and Academia please select your area of expertise:
<input type="checkbox"/> Corporate <input type="checkbox"/> Association <input type="checkbox"/> 3 rd Party/DMC <input type="checkbox"/> Education <input type="checkbox"/> Government <input type="checkbox"/> Independent/Consultant <input type="checkbox"/> Insurance/Financial <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Non-profit <input type="checkbox"/> Other _____	<input type="checkbox"/> Airline <input type="checkbox"/> Audio/Visual <input type="checkbox"/> Conference Center <input type="checkbox"/> Cruise Line/Yacht Charter <input type="checkbox"/> Entertainment <input type="checkbox"/> Travel <input type="checkbox"/> Exhibit/Decorating <input type="checkbox"/> Hotel Sales <input type="checkbox"/> Hotel Service <input type="checkbox"/> Staging/Production <input type="checkbox"/> Speakers Bureau <input type="checkbox"/> Other _____
Do you have any experience with professional development activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain:	

Please describe your experience as a volunteer in industry associations. Please provide organization and committee name(s).

Please describe your interest and goals in volunteering as a subject matter expert for CIC.

Name:

Contact:

If selected to sit for a volunteer panel, I understand that I will be required to complete a conflict of interest and confidentiality agreement.

Sign here

Name
(a digital signature may be substituted for actual signature)

Date

Please return this application to: cichq@conventionindustry.org