



MEETING PROFESSIONALS INTERNATIONAL



# Membership Application: Student

(Please Print or Type)  Mr.  Ms.  Mrs.  Dr.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Designation  CMP  CAE  CHME  CMM  CHSP  CHA  CEM  CCTE  OTHER \_\_\_\_\_

Job Title \_\_\_\_\_

## PERMANENT HOME ADDRESS

Street Address \_\_\_\_\_

Apt/Suite/Office (Note: UPS will not deliver to a PO Box) \_\_\_\_\_

City or Town \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## WORK HOME ADDRESS

Street Address \_\_\_\_\_

Apt/Suite/Office (Note: UPS will not deliver to a PO Box) \_\_\_\_\_

City or Town \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Preferred Mailing Address:  Home  Work  
Preferred Email Address:  Home  Work

## CHAPTER AFFILIATION

One of the biggest perks of MPI membership is your new relationship with your local chapter. We'll assign you to a chapter based on your geographic coordinates (longitude and latitude not required), unless you indicate otherwise below.

I prefer to be assigned to \_\_\_\_\_ Chapter.

How did you hear about MPI? \_\_\_\_\_

Were you ever a member of MPI? \_\_\_\_\_

Name of member (or member ID) who recruited you \_\_\_\_\_

## DUES

**MEMBERSHIP IN MPI BELONGS TO THE INDIVIDUAL WHO ORIGINALLY JOINS THE ASSOCIATION, RATHER THAN THE EMPLOYING ORGANIZATION.**

Member dues are nonrefundable and are due annually on the anniversary date of acceptance. Dues quoted are effective July 1, 2004 and are subject to change. Annual membership dues include an annual subscription to One+ magazine. Approximately 20% of dues are rebated to local chapters for membership support and education.

€40 Student membership.  
Dues are generally tax-deductible as an ordinary and necessary business expense.

Voluntary Contribution to support the work of the MPI Foundation Europe. (May be tax-deductible as a charitable contribution)  €45  €60  €100  Other € \_\_\_\_\_

## DATA PROTECTION

MPI complies with the Directive 95/46/EC of the European Parliament and of the Council of the European Union of 23 November 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of that data (OJ L 28 1). I understand that my personal data will be processed and stored by MPI. I can request MPI to correct, supplement, delete or block the said data in the event that it is factually inaccurate, incomplete or irrelevant to the purpose or purposes of the processing, or is being processed in any other way which infringes a legal provision. The request shall contain the modifications to be made. I authorise MPI to release my data in its directories and to third parties but have the right to register an objection to this processing at any time and at no cost to himself.

## REALLY IMPORTANT!

The following page is designed to build your MPI member profile so we can get to know you better. Please fully complete the next section and, in turn, we'll do our part by developing services and programming that best fit your needs.

### Payment Information

Check Enclosed  MasterCard  VISA  American Express  Please send an invoice for payment

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_  
(3 or 4 digit number on the back of the card)

Total Amount: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check this box if you would like to be automatically renewed using this credit card when your membership expires.

**NOTE: THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED, DATED AND SUBMITTED WITH PAYMENT PRIOR TO CONSIDERATION.**

**QUALIFICATIONS FOR STUDENT MEMBERSHIP:** Student membership shall be available to those individuals enrolled in a post-secondary academic program. The student must be enrolled in either a certificate, undergraduate or graduate program unless the academic institution defines it otherwise. Students enrolled in a certificate program will be eligible for student membership for one year but will not be eligible for the transition dues rate upon completion of their program. Proof of enrollment must be received at MPI before a student can be accepted into membership and upon renewal in order to retain their student membership.

## STUDENT QUESTIONS

### 1. What is the name of the school you are attending?

### 2. Year in school? (choose only one)

- Certificate  Junior  
 Freshman  Senior  
 Sophomore  Graduate Program

### 3. What is your projected graduation date?

(please format as month/year - example 05/2009) \_\_\_\_\_

### 4. What degree are you pursuing? (choose only one degree category)

- Certificate  Bachelor of Science  
 Associate  Master  
 Bachelor of Arts  Doctorate

### 5. In which associations are you involved? (check all that apply)

	General Member	Board Member
ASAE	<input type="checkbox"/>	<input type="checkbox"/>
ACTE	<input type="checkbox"/>	<input type="checkbox"/>
RCMA	<input type="checkbox"/>	<input type="checkbox"/>
CHRIE	<input type="checkbox"/>	<input type="checkbox"/>
PCMA	<input type="checkbox"/>	<input type="checkbox"/>
HSMIA	<input type="checkbox"/>	<input type="checkbox"/>
DMAI	<input type="checkbox"/>	<input type="checkbox"/>
NASC	<input type="checkbox"/>	<input type="checkbox"/>
AHMA	<input type="checkbox"/>	<input type="checkbox"/>
ICPA	<input type="checkbox"/>	<input type="checkbox"/>
IAEM	<input type="checkbox"/>	<input type="checkbox"/>
IH&RA	<input type="checkbox"/>	<input type="checkbox"/>
IACC	<input type="checkbox"/>	<input type="checkbox"/>
ICCA	<input type="checkbox"/>	<input type="checkbox"/>
AIPA	<input type="checkbox"/>	<input type="checkbox"/>
FICP	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>
NONE	<input type="checkbox"/>	<input type="checkbox"/>

If you answered OTHER to question #5 please also answer question #6.

### 6. In which OTHER associations are you involved?

Association Name	General Member	Board Member
Association Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Association 1 _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Association 2 _____	<input type="checkbox"/>	<input type="checkbox"/>

### 7. What best describes your current educational status?

#### (choose only one role category)

- Student and Non-employed (You're Done! Please go to the section marked *Finish*)  
 Student and employed (as a supplier)  
 (Please complete questions 8, 9, 10 and 11, as well as the section marked *Student Supplier Questions*)  
 Student and employed (as a planner)  
 (Please complete questions 8, 9, 10 and 11, as well as the section marked *Student Supplier Questions*)

### 8. Primary industry of your organization (choose only one)

- Agriculture / Forestry / Fishing  
 Utilities / Oil / Gas / Chemical  
 Construction  
 Wholesale / Retail Trade  
 Transportation / Automotive  
 Information Technology / Telecommunications  
 Financial / Insurance / Legal / Real Estate  
 Engineering / Scientific Services  
 Speaker Education Services  
 Medical / Pharmaceutical  
 Arts / Entertainment / Sports / Recreation  
 Accommodations / Hotels / Resorts / Cruise Lines  
 Food Services  
 Religious  
 Military  
 Destination Management Services / Incentive Houses / Tour Operators / Travel Agents  
 Tradeshows  
 Third Party / Research / Consulting  
 Audio Visual  
 Convention Centers / Convention Bureaus / Chambers of Commerce  
 Other: \_\_\_\_\_

### 9. In which department do you work? (choose only one)

- Meeting Planning  Research & Development  
 Marketing  Training / Education  
 Sales  Information Technology (IT)  
 Finance  Customer Service  
 Operations  Other: \_\_\_\_\_  
 Human Resources  None  
 Purchasing / Procurement

### 10. Total annual meeting budget you control?

Currency:  Canadian  Euro  Pound  Singapore Dollar  US Dollar

- I do not control a budget  \$250,001 - \$1,000,000  
 \$0 - \$50,000  \$1,000,001 - \$10,000,000  
 \$50,001 - \$250,000  \$10,000,001 and higher

### 11. Are you likely to buy services from members of MPI?

- Yes  No

## STUDENT SUPPLIER QUESTIONS

### 1. What are the primary locations of your company's services *within the United States*? (check all that apply)

- Alaska  
 Hawaii  
 Midwest (IL, IN, OH, MI, MN, WI, IA, MO, KS, OK, NE, SD, ND)  
 Mountain (UT, CO, WY, MT)  
 Northeast (ME, NH, VT, MA, RI, CT, NY, NJ, PA, DE, MD)  
 Northwest (WA, OR, ID)  
 Puerto Rico/Virgin Islands  
 Southeast (FL, GA, SC, NC, LA, AL, MS, AK, TN, KY, WV, VA, DC)  
 Southwest (CA, NV, AZ, NM, TX)  
 NONE within the United States

### 2. What are the primary locations of your company's services *outside the United States*? (check all that apply)

- Africa  Italy  
 Asia (Incl. China, India, Japan, Singapore)  Mexico  
 Australia  Middle East (Gulf Region)  
 Belgium/The Netherlands/Luxembourg  New Zealand  
 Bermuda/Caribbean/West Indies  Russia  
 Canada  Scandinavia  
 Central/South America  Spain/Portugal  
 Eastern European Countries  U.K./Ireland  
 France  Other European Countries  
 Germany  NONE outside the United States

## STUDENT PLANNER QUESTIONS

### 1. How many planners do you have in your organization?

- None  
 1-5  
 6-10  
 11-25  
 26-50  
 51+  
 Other / Please Specify: \_\_\_\_\_

### 2. Regarding the number of attendees at your meetings, how many different meetings fall into each of the attendee categories below? (fill in all that apply)

Number of Attendees	Number of Meetings
Less than 50 attendees	_____
51-100 attendees	_____
101-250 attendees	_____
251-500 attendees	_____
501-1,000 attendees	_____
1,001-1,500 attendees	_____
1,501-2,500 attendees	_____
2,501+ attendees	_____

## STUDENT PLANNER QUESTIONS (CONT.)

3. Regarding the number of **peak rooms** needed for your meetings, how many different meetings fall into each peak room category below? (fill in all that apply)

Number of Peak Rooms	Number of Meetings
Less than 50	_____
51-100	_____
101-250	_____
251-500	_____
501-1,000	_____
1,001-1,500	_____
1,501-2,500	_____
2,501+	_____

Totals of Questions 2 and 3 Must Match

4. Total number of meetings your organization plans in the following locations:

United States	_____
Europe	_____
Asia	_____
Canada	_____
Latin America	_____
Middle East (Gulf Region)	_____
Other locations NOT listed above	_____
No Locations	_____

5. What locations **within the United States** do you plan to use for your meetings? (check all that apply)

- Alaska
- Hawaii
- Midwest (IL, IN, OH, MI, MN, WI, IA, MO, KS, OK, NE, SD, ND)
- Mountain (UT, CO, WY, MT)
- Northeast (ME, NH, VT, MA, RI, CT, NY, NJ, PA, DE, MD)
- Northwest (WA, OR, ID)
- Puerto Rico/Virgin Islands
- Southeast (FL, GA, SC, NC, LA, AL, MS, AK, TN, KY, WV, VA, DC)
- Southwest (CA, NV, AZ, NM, TX)
- NONE within the United States

6. What locations outside the United States do you plan to utilize for your meetings? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Africa                                      | <input type="checkbox"/> Italy                          |
| <input type="checkbox"/> Asia (Incl. China, India, Japan, Singapore) | <input type="checkbox"/> Mexico                         |
| <input type="checkbox"/> Australia                                   | <input type="checkbox"/> Middle East (Gulf Region)      |
| <input type="checkbox"/> Belgium/The Netherlands/Luxembourg          | <input type="checkbox"/> New Zealand                    |
| <input type="checkbox"/> Bermuda/Caribbean/West Indies               | <input type="checkbox"/> Russia                         |
| <input type="checkbox"/> Canada                                      | <input type="checkbox"/> Scandinavia                    |
| <input type="checkbox"/> Central/South America                       | <input type="checkbox"/> Spain/Portugal                 |
| <input type="checkbox"/> Eastern European Countries                  | <input type="checkbox"/> U.K./Ireland                   |
| <input type="checkbox"/> France                                      | <input type="checkbox"/> Other European Countries       |
| <input type="checkbox"/> Germany                                     | <input type="checkbox"/> NONE outside the United States |

7. How do you source/purchase your meetings? (check all that apply)

- Internal
- Outsource

8. What types of facilities do you utilize for your meetings? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Resort            | <input type="checkbox"/> Convention Hotel  |
| <input type="checkbox"/> Downtown Hotel    | <input type="checkbox"/> Convention Center |
| <input type="checkbox"/> Suburban Hotel    | <input type="checkbox"/> Cruise            |
| <input type="checkbox"/> Airport Hotel     | <input type="checkbox"/> University Campus |
| <input type="checkbox"/> Conference Center | <input type="checkbox"/> Other: _____      |

9. What types of meetings are you responsible for planning? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Annual Convention  | <input type="checkbox"/> Trade Show         |
| <input type="checkbox"/> Sales              | <input type="checkbox"/> Symposium/Seminars |
| <input type="checkbox"/> Management         | <input type="checkbox"/> Educational        |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Special Events     |
| <input type="checkbox"/> Training           | <input type="checkbox"/> VIP Client Events  |
| <input type="checkbox"/> Incentive          | <input type="checkbox"/> Other: _____       |

## FINISH

### ACKNOWLEDGEMENT

All information provided in this application is complete and correct to the best of my knowledge and belief and if additional information is needed, I will supply it. I shall conduct my activities in accordance with the Bylaws, Policies and Procedures, and Principals of Professionalism of MPI as they are now or amended in the future.

I waive and release all claims, demands and actions that I now or may in the future have against MPI, its officers, directors, members, agents, employees and chapters for any act or omission, in granting or denying membership in MPI or in censoring, suspending, expelling, or terminating my membership in MPI.

I agree to allow my contact information to be included in all MPI marketing preference lists.

If I am using a credit card, I authorize MPI to process such request in accordance with the appropriate credit card rules and regulations governing it.

Signature Required \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

### For MPI Use Only

Member ID	<input type="text"/>
Initials: _____	Date: _____

Send membership application with payment to:

**Meeting Professionals International**  
**Europe / Africa Office**  
 28, Rue Henri VII  
 L-1725 Luxembourg  
 Grand Duchy of Luxembourg  
**Tel +352 26-10-36-10**  
**Fax +352 26-87-63-43**