



MEETING PROFESSIONALS INTERNATIONAL



Membership Application: Faculty

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

First Name _____ Middle Name _____ Last Name _____
 Designation CMP CAE CHME CMM CHSP CHA CEM CCTE OTHER _____
 University / Institution _____
 Job Title _____

Title Category

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Executive (President, COO/CIO/CMO/Dean) | <input type="checkbox"/> Director | <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Lecturer |
| <input type="checkbox"/> Chancellor / Vice-Chancellor | <input type="checkbox"/> Department or Program Chair | <input type="checkbox"/> Adjunct Professor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vice-President / Assistant Vice-President | <input type="checkbox"/> Professor | <input type="checkbox"/> Instructor | |
| <input type="checkbox"/> Dean | <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Coordinator / Administrator / Advisor | |

<h3>HOME CONTACT INFORMATION</h3> <p>Street Address _____</p> <p>Apt/Suite/Office (Note: UPS will not deliver to a PO Box) _____</p> <p>City or Town _____ State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Email _____</p> <p>Phone _____ Fax _____</p>	<h3>INSTITUTION CONTACT INFORMATION</h3> <p>Street Address _____</p> <p>Apt/Suite/Office (Note: UPS will not deliver to a PO Box) _____</p> <p>City or Town _____ State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Email _____</p> <p>Phone _____ Fax _____</p>	<p>Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Institution</p> <p>Preferred Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Institution</p>
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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 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.

€195 Faculty membership.
Dues are generally tax-deductible as an ordinary and necessary business expense.

I wish to have MPI automatically renew my membership and charge the credit card.

*Voluntary Contribution to support the work of the MPI Foundation. *May be tax-deductible as a charitable contribution: €35 €50 €100

Payment Information

- Check Enclosed MasterCard VISA American Express Diners Club Discover

Name on Card: _____

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

Total Amount: _____

* All credit card transactions are processed in U.S. dollars.

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.

FACULTY QUESTIONS

1. In which type of school are you a faculty member? (choose just one school type)

- Jr. College
 College
 University
 Other: _____

2. What degree level do you instruct? (check all that apply)

- Non-degree / Certificate
 Associate
 Undergraduate
 Graduate

3. Highest degree earned?

- Associate of AAS
 Bachelor of Arts
 Bachelor of Science
 Master
 Doctorate
 Certificate
 Other: _____

4. Number of years you have been employed in secondary education? _____

5. Number of years employed as faculty in Post-Secondary Academic Programs related to the meetings industry, hospitality, events or tourism? _____

6. How many courses do you teach? (per year)

- 1-3
 4-6
 7-10
 11+

7. What are your areas of instruction? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Law / Ethics |
| <input type="checkbox"/> Food and Beverage Management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Finance / Accounting / Purchasing | <input type="checkbox"/> Meeting and Event Management |
| <input type="checkbox"/> Gaming Management | <input type="checkbox"/> Research |
| <input type="checkbox"/> Hotel / Lodging Management | <input type="checkbox"/> Strategic Management |
| <input type="checkbox"/> Human Resources / Leadership | <input type="checkbox"/> Travel and Tourism Industry |
| <input type="checkbox"/> IT | <input type="checkbox"/> Other: _____ |

8. 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"/>
HSMIAI	<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"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>
NONE	<input type="checkbox"/>	<input type="checkbox"/>

If you answered OTHER to question #8 please also answer question #9.

9. In which OTHER associations are you involved?

Association Name _____	General Member	Board Member
Other Association 1 _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Association 2 _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Association 3 _____	<input type="checkbox"/>	<input type="checkbox"/>

FINISH

ACKNOWLEDGEMENT

As outlined in our Bylaws, MPI maintains a 50/50 planner-supplier ratio in our community and processes applications accordingly. For consideration in acceptance of this application, I agree that:

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

Initials: _____ Date: _____

Send membership application with payment to:

Meeting Professionals International
Europe / Middle East / Africa Office
 15 Route de Grundhof
 Beaufort, L-6315
 Grand Duchy of Luxembourg
Tel +352 26-10-36-10
Fax +352 26-87-63-43