



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 CTE 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 _____

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.

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 \$ _____

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"/>
HSMIAI	<input type="checkbox"/>	<input type="checkbox"/>
DMAI	<input type="checkbox"/>	<input type="checkbox"/>
NASC	<input type="checkbox"/>	<input type="checkbox"/>
AHMAA	<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
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, and 10, as well as the section marked *Student Supplier Questions*)
 Student and employed (as a planner)
(Please complete questions 8, 9, and 10, as well as the section marked *Student Planner 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
 None

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+	_____

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 style="width: 100%; height: 15px;" type="text"/>
Initials: _____	Date: _____

Send membership application with payment to:

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