

## **Errors & Omissions Waiver**

## Affirmation of Reliability of the Entity's Actions

l, _		
		Printed Name)
Ov	vner/Legal Representative of	
		(Entity Name)
loc	cated at	Business Physical Address)
IΑΊ	rA Numeric Code (if applicable):	
1.	I have reached the age of majority.	
2.	I am the Owner or Legal Representative of the	business entity (If not, please complete the E&O Waiver for Employees)
3.	- · · · · · · · · · · · · · · · · · · ·	within the last ten (10) years as a travel professional or meeting / evented proof of experience to IATAN, or $\square$ I have earned certification in at copy of my certification to IATAN:
	IATA/ARC Training Certificate	CSEP (Certified Special Event Professional)
	ARC Specialist Certification	CLIA Certificate
	CTA (Certified Travel Associate)	☐ MPI Certificate (Meeting Planners Institute)
	CTC (Certified Travel Counsellor)	☐ Travel/Hospitality School Diploma or Degree
	CMP (Certified Meeting Professional)	Travel Advisor Resource Center Certification
	CMM (Certification in Meeting Managemer	t)
4.	I am dedicated to the promotion of commerci travel, meeting and / or event planning commu	al ethics and maintain a professional business environment within the nity.
l há	ave read the foregoing Affidavit, and to the best	of my knowledge it is true and correct.
Sig	nature of Owner / Legal Representative	Printed Name Date
No	otary Public	
Sta	ate of, in the country of	on day, of the month, in the year of
, before me appeared (name)		and stated that he/she is the (title)
	of (name of organization)	and that the information provided
on	this form is true and correct. My commission expires	on (date): Notary Public:

501-2024-03-20