



IATAN Errors & Omissions Waiver

(Affirmation of reliability of the entity's actions)

1. I, _____
(Printed Name)

Owner/Legal Representative of _____
(Entity Name)

located at _____
(Business Physical Address)

IATA Numeric Code (if applicable): _____

2. I have reached the age of majority.

3. I am the Owner or Legal Representative of the business entity.

4. I have at least two (2) years full-time experience within the last ten (10) years as a travel professional **or** meeting / event planner professional and have provided required proof of experience to IATAN, **or**

I have earned certification in at least one of the following and have provided a copy of my certification to IATAN:

- Certified Travel Associate (CTA)
- Certified Travel Counselor (CTC)
- Certified Meeting Professional (CMP)
- Certification in Meeting Management (CMM)
- Certified Special Events Professional (CSEP)

5. I am dedicated to the promotion of commercial ethics and maintain a professional business environment within the travel, meeting and / or event planning community.

I have read the foregoing Affidavit, and to the best of my knowledge it is true and correct.

Signature of Owner / Legal Representative

Printed Name

Date

Notary Public

State of _____, in the county of _____ on _____ day, of the _____ month, in the year of _____, (name) _____ appeared before me and stated that he/she is the (owner/title) _____ of (name of organization) _____ and that the information provided on this form is true and correct

My commission expires on (date): _____ Notary Public: _____

