



# IATAN Accreditation Application Meeting & Event Planner Entity

## 1. Applicant Information *(please print)*

IATA Numeric Code *(if known)*:   -

Legal Name: ..... Tax ID Number: .....

Trade (d.b.a.) Name: .....

The business shall not have a name that is the same as, or misleadingly similar to: International Airlines Travel Agent Network (IATAN), Passenger Network Services Corporation (PNSC), International Air Transport Association (IATA), an IATAN customer airline or Aviation Industry Reporting System Inc. (AIRS).

Physical Address: *(include suite, floor, name of building or shopping center)*.....

.....

City: ..... State: ..... Zip: .....

Mailing Address *(if not as above)*: .....

City: ..... State: ..... Zip: .....

Telephone No.: (.....)..... Fax No.: (.....).....

Business E-Mail Address:..... Business Website: .....

## 2. Business Information

➤ Date business established: ..... (mm/dd/yy)

*Please provide proof of legal form of business by submitting at least one of the following: copy of business license, document disclosing Federal Tax ID number, copy of registration or incorporation, or partnership agreement.*

➤ Legal Type:  Sole Proprietorship  Partnership  Corporation  L.C./L.L.C  Other .....

➤ Application is for :  Head Office / Individual Business Owner  Branch Office  Other .....

If this application is for a branch office or Meeting & Event Planner working at an IATAN accredited location, provide Head Office

IATA Numeric Code:   -

➤ Number of employees: .....

➤ Is your business considered home based?  Yes  No

➤ Type of business:  Meeting  Event  Corporate  Site Selector  Other *(specify)*.....

➤ Type of meetings you specialize in (please check all that apply):

Association  Corporate  Government  Incentive  Other *(specify)*.....

➤ Do you have Errors & Omissions or Professional Liability Insurance?  Yes  No

*\*IATAN will waive the insurance requirement for meeting and event planner professionals with industry experience or meeting and event planner certification. Please see explanation in IATAN Accreditation Requirements Meeting & Event Planner Entity (Section 1).*

➤ Does this entity hold airline appointments or issue airline tickets?  Yes  No

*If yes, provide copy of specific airline agreement, or ARC Approval letter and proof of bond / letter of credit.*

➤ Do you provide services to the general public?  Yes  No If no, please briefly explain .....

.....

➤ Brand of Reservation System (CRS / GDS): .....

➤ Business Main Bank Name: .....

*Please provide proof of business bank account by submitting copy of bank account statement or letter from bank confirming account.*

➤ Letters of Recommendation - Two (2) letters required:

*Please list name of national / international meeting & event planning or travel associations, clients or industry suppliers and provide copies of letters:*

1) ..... 2).....





## IATAN Accreditation Application Meeting & Event Planner Entity

### 3. Financial Information

➤ How many meetings or group movements in a year do you plan?  1 – 5    6 – 10    11 – 20    more than 20

➤ Gross sales for meeting / group movements should be at least \$200,000 in the last 12 months.

Are gross sales greater than \$200,000?  Yes    No   If yes, how much: .....

*Please attach proof of gross sales by submitting copy of income tax statements, copy of contracts or statement from suppliers on corporate letterhead.*

### 4. Ownership

**If owned by a Corporation please complete this portion, if not, continue below.**

Name of Corporation owning this entity:..... Percentage owned: .....

Name of Owner(s)/Partners/Stockholder(s)	% Owned	Name of Owner(s)/Partners/Stockholder(s)	% Owned
1.	%	4.	%
2.	%	5.	%
3.	%	If space above is insufficient, please attach a listing of all owner(s) and their financial interest(s)	Must Total 100%

### 5. Qualifier (s)

Please see explanation in *IATAN Accreditation Requirements Meeting & Event Planner Entity (Section 3)* to complete this area.

	Name (printed)	PRIN or Social Security Number (PRIN is found on the IATAN List of Personnel)	Industry Start Date
<b>Managerial Qualifier (QMP)</b>			
<b>Ticketing Qualifier (QTA)</b> <i>(Name of QTA is required only if applying under IATAN Ticketing Program)</i>			

Please register the managerial and/or ticketing qualifier in Section 8 (Professional Profile Registration) and attach a list of his/her work experience.

### 6. Responsibilities

The Applicant will **not** be accredited or retained by IATAN when the business entity or any person(s) holding a financial or ownership interest in the business or any manager who exercises daily supervision over the operation of the business has:

- Yes\*    No   been found within the last ten (10) years by a court of competent jurisdiction to have violated any fiduciary obligation or committed an act of fraud, embezzlement or similar activity.
- Yes\*    No   been involved in the financial management of an accredited location which has been removed from IATA or ARC on grounds of default; unless it is determined that such travel agent, person or manager did not participate in the acts or omissions that caused such default.
- Yes\*    No   made a misleading statement or representation to obtain or retain this accreditation.
- Yes\*    No   improperly used an IATAN or IATA registered trademark or service mark.
- Yes\*    No   falsely identified the business as holding industry credentials or memberships not limited to IATA or IATAN.
- Yes\*    No   lent, subcontracted or hired to a third party an IATA numeric code, or used the IATA numeric code as a form of identification or other purpose on a proprietary product without express authorization to do so by IATA.





## IATAN Accreditation Application Meeting & Event Planner Entity

### 7. Business Profile

Please enter your IATA Numeric Code:

		-						
--	--	---	--	--	--	--	--	--

1. What is the Principal Activity of your entity? (choose one)

- |   |   |
|---|---|
| <input type="checkbox"/> Retail Travel                        | <input type="checkbox"/> Group Intermediary |
| <input type="checkbox"/> Tour Operator/Wholesaler             | <input type="checkbox"/> Site Selector      |
| <input type="checkbox"/> Meeting / Event / Conference Planner | <input type="checkbox"/> Consolidator       |

2. Market Focus: Indicate the approximate % of your Leisure and Corporate business.

- |                                    |                                      |                                   |                                   |                                   |
|------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Leisure   | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |

3. What is the approximate total annual meeting & event / and or Travel industry sales of your entity?

- \$200,000 to \$500,000
- \$500,001 to \$1,000,000
- \$1,000,001 to \$5,000,000
- \$5,000,001 to \$10,000,000
- \$10,000,001 to \$25,000,000
- Over \$25,000,000

4. What is the approximate % breakdown of your total annual sales for the following?

- |                 |                                      |                                   |                                   |                                   |
|-----------------|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Meetings/Groups | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Air Travel      | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Cruises         | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Hotel/Motel     | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Tour Packages   | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Land Travel*    | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |

*\*Land Travel includes Car Rental, Train, and Coach/Bus*

5. What are the 3 Market Specialties of your entity?


- |                                  |                               |
|----------------------------------|-------------------------------|
| <b>GN</b> General                | <b>HC</b> Historical/Cultural |
| <b>AD</b> Adventure              | <b>IN</b> Incentive           |
| <b>CF</b> Conference/Exhibitions | <b>ML</b> Military            |
| <b>CP</b> Corporate              | <b>RL</b> Religious           |
| <b>CR</b> Cruises                | <b>BH</b> Resorts/Beaches     |
| <b>ED</b> Educational            | <b>SF</b> Safari              |
| <b>HL</b> Fitness/Health         | <b>SN</b> Seniors             |
| <b>GA</b> Gay/Lesbian            | <b>SG</b> Singles             |
| <b>HP</b> Handicapped            | <b>SP</b> Sports              |

6. What are the 3 Destination Specialties of your entity?


- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <b>AL</b> General                 | <b>FR</b> France                  |
| <b>AF</b> Africa                  | <b>MX</b> Mexico                  |
| <b>AH</b> Alaska/Hawaiian Islands | <b>ME</b> Middle East             |
| <b>AS</b> Asia                    | <b>SC</b> Scandinavia             |
| <b>AZ</b> Australia/New Zealand   | <b>SA</b> South & Central America |
| <b>GB</b> British Isles           | <b>SP</b> South Pacific           |
| <b>CB</b> Caribbean               | <b>NA</b> U.S.A./Canada           |
| <b>EU</b> Europe                  |                                   |





## IATAN Professional Profile Form

### 8. Professional Profile Registration

This form should be completed by all Travel and Meeting / Event Professionals participating in the IATAN Registration Program and for those applying for an IATA/IATAN ID card.

You will receive a confirmation email with your IATAN Personnel Registration ID Number (PRIN) and a Personnel List will be emailed to the entity's email address.

#### 1. PERSONAL INFORMATION

First & Last Name: \_\_\_\_\_

PRIN / Verification #: \_\_\_\_\_

Have you had a name change? Yes  No  New Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Sex: Male  Female

Social Security: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: -- Telephone Number: --

Residence of Applicant: City: \_\_\_\_\_ State: \_\_\_\_\_

#### 2. LOCATION INFORMATION

Provide the IATA Numeric Code and name of the accredited location where you are currently employed (if applicable).

IATA Numeric Code: -----

Start Date (mm/dd/yyyy): \_\_\_\_\_ (You must supply the start date with this entity)

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 3. STATUS INFORMATION – You must complete the status – position, duties, weekly hours and yearly earnings.

##### POSITION: Check one (1) box only

- "S" **Sole Proprietor:** On record with IATAN as the single lawful owner of 100% of the business entity
- "P" **Partner – LLC:** On record with IATAN as each holding at least 20% ownership of the business entity
- "C" **Stockholder – INC.:** On record with IATAN as owning at least 20% of the stock of the business entity
- "M" **Manager:** Any person holding a management position in the business entity, paid with W2's
- "E" **Employee:** A person routinely and regularly working as an employee and carried on payroll or disbursement records at the business entity, paid with W2's
- "I" **Independent Contractor:** A person who is working for the business entity pursuant to a written contract or agreement in compliance with applicable laws and regulations and with verifiable earnings or commissions reported by 1099 as per US law

##### DUTIES: Check one (1) box only

- "A" **Administration:** A person who works at the business entity processing the day to day administrative work dealing with travel, meetings and / or groups
- "I" **Inside Sales:** A person who works within the business entity booking travel, meetings and / or groups
- "X" **Outside Sales:** A person who is on the business entity payroll and / or disbursement records and works outside the business entity booking travel, meetings and / or groups





## IATAN Professional Profile Form

**WEEKLY HOURS: Check one (1) box only**

- "1" A person who works for the business entity **35 hours or more per week**
- "2" A person who works for the business entity **25 – 34 hours per week**
- "3" A person who works for the business entity **20 – 24 hours per week**
- "4" A person who works for the business entity **5 – 19 hours per week**

**YEARLY EARNINGS: Check one (1) box only**

- \$5,000 or over** - as reported on W2 or 1099 from the business entity
- Under \$5,000**
- 20% owner or more** who does not draw salary

4. **DELETION** – Must be completed by the owner/manager to delete Professionals who no longer work at the business entity.  
**Termination Date (mm/dd/yy):** \_\_\_\_\_

I, THE BELOW SIGNED, HEREBY CERTIFY AND ACKNOWLEDGE:

1. That the statements made in this application are true and correct.
2. That IATAN has the right to verify, by inspection or other lawful means, that the information supplied is true and correct and in the event this is declined or necessary documentation is not made available, IATAN may amend or suspend registration and notify its subscribing customers.
3. That the applicant will inform IATAN promptly of any changes to information and employment status.
4. That by completing this application, the registrant will appear on the IATAN Personnel List. The owner / manager understand that the applicant may request and receive an IATA/IATAN ID card if the applicant meets the qualifications.
5. That IATAN is authorized to disclose information to industry suppliers regarding the applicant's status with the IATAN business entity at which he/she is registered, as well as the business entity status with IATAN.

**SIGNATURES – both signatures are required for processing.**

Signature of Applicant: \_\_\_\_\_  
(Applicant signature is required)

Signature of Owner/Manager: \_\_\_\_\_  
(Owner/Manger signature is required)

PRIN: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

(IATAN PRIN# or Social Security of Owner/Manager needed for verification of signature)





## IATAN Accreditation Application Meeting & Event Planner Entity

### 9. Consent

The applicant understands and agrees the one benefit of IATAN accreditation is the periodic receipt of meeting & event planning and travel industry related information. The undersigned on behalf of applicant hereby certifies and acknowledges that applicant consents to receive meeting & event planning and travel industry information and related facsimile communications, electronic mail communications, and direct mail communications, including material advertising the commercial availability or quality of property, goods, or services, from IATAN, IATA, and IATAN authorized licensees and their duly authorized customers, at the fax number(s) and e-mail addresses contained in this application. In order to receive this benefit of IATAN accreditation applicant consents to IATAN providing the fax number(s) and e-mail address(es) contained in this application for this purpose. By signing this written consent, I represent that I am authorized to grant consent to receive faxes, e-mails and other communications. You may at any time opt out of this by advising IATAN in writing.

.....  
Signature

.....  
Printed Name

.....  
Date (mm/dd/yy)

### 10. Certification and Acknowledgement

**I, the undersigned, hereby certify and acknowledge:**

1. I am authorized by the applicant to submit this application, to supply the information thereon and to bind the applicant to the provisions contained in this application.
2. That the statements made in this application (which includes any attachment hereto) are true and correct to the best of my knowledge and that IATAN has the right to verify, by inspection or other lawful means that the information supplied is true and correct.
3. That the applicant, or any person holding a financial or ownership interest in the business, or any manager who exercises daily supervision over the operations of the business, has read and understood the **IATAN Accreditation Requirements Meeting & Event Planner Entity** for accreditation, responsibilities and the notices and consents in effect at the time application is submitted.
4. That the applicant will inform IATAN promptly of any changes in ownership, location, name or key personnel of the organization, will inform IATAN of changes in all other information requested herein as they occur, and will respond at any time to a request by IATAN for supplementary information that IATAN requires to verify that its records on the applicant remain current and accurate.
5. That the applicant accepts the terms and conditions of the **IATAN Logo License Agreement**.
6. The non-refundable application fee is payable upon submission of the application. An Annual Service Fee will be billed to the IATA numeric code holder on an annual basis. Failure to pay the Annual Service Fee by the due date will result in cancellation of the assigned IATA numeric code.
7. That the IATA numeric codes are and shall at all times remain the property of IATA. Such codes shall not be lent, subcontracted or hired to a third party. Neither shall such codes be used either as a form of identification or other purpose on a proprietary product without express authorization to do so by IATAN.
8. That there are no pending or unresolved complaints against the applicant at state or local consumer affairs offices.
9. That the applicant is in compliance with all federal, state, county or local registration and/or licensing requirements.
10. That IATAN is authorized to release the information contained herein supplied by the applicant to any industry supplier that may wish to use the applicant's services.
11. That the applicant will comply on an ongoing basis with the **IATAN Accreditation Requirements Meeting & Event Planner Entity**.
12. The applicant acknowledges and accepts that any disputes arising in connection with this application for accreditation or IATAN's later enforcement of the accreditation criteria must be referred to the Travel Agency Commissioner for a final resolution which will be binding on both parties and be in lieu of any recourse to the courts.

.....  
Signature

.....  
Printed Name

.....  
Date (mm/dd/yy)

### Notary Public

State of ....., in the county of ..... on ..... day, of  
the ..... month, in the year of ....., (name) .....  
appeared before me and stated that they are 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: .....





## IATAN Accreditation Application Meeting & Event Planner Entity

### 11. Errors & Omissions Waiver

#### *(Affirmation of reliability of the entity's actions)*

Before me the undersigned authority, personally appeared and after being duly sworn did depose and say:

1. I, \_\_\_\_\_,  
(Name)
- owner of \_\_\_\_\_  
(Entity Name)
- located at \_\_\_\_\_  
(Address)

IATA Numeric Code (if applicable): -

2. I have reached the age of majority. Yes  No
3. Are you the owner or legal representative of the business entity? Yes  No
4.  I have at least five (5) 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 employment 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 Program (CTA)
  - 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: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_





## IATAN Accreditation Application Meeting & Event Planner Entity

### CHECKLIST

IATAN's Global Accreditation Program for U.S. Meeting & Event Planner Entities ensures that your company is accurately identified and recognized by industry suppliers worldwide – unmatched by any other accreditation program in the industry.

Here's a brief check list of what you'll need to get started on your way to global recognition:

#### NON - TICKETING LOCATIONS:

- Proof of legal form of the business
- Existing bank account in the legal name of the business
- Errors and Omissions Insurance, or Meeting & Event Planning experience, or have earned certification in at least one of the following:
  - Certified Meeting Professional (CMP)
  - Certification in Meeting Management (CMM)
  - Certified Special Events Professional (CSEP)
- Letters of Recommendation
- Proof of finances
- Letters confirming proof of meetings and / or group movements
- Payment
- IATAN Logo License Agreement

#### TICKETING – SPECIFIC AIRLINE APPOINTED LOCATIONS:

- Proof of legal form of the business
- Existing bank account in the legal name of the business
- Errors and Omissions Insurance, or Meeting & Event Planning experience, or have earned certification in at least one of the following one of the following:
  - Certified Meeting Professional (CMP)
  - Certification in Meeting Management (CMM)
  - Certified Special Events Professional (CSEP)
- Letters of Recommendation
- Proof of finances
- Copy of the agreement (s) held with the specific carrier
- Letters confirming proof of meetings and / or group movements
- Payment
- IATAN Logo License Agreement
- Agent Agreement

#### TICKETING – AIRLINE APPOINTED LOCATIONS:

- Letters of Recommendation
- Proof of finances
  - ARC Approval Letter
  - If located in Puerto Rico, provide copy of current Public Service Commission License
- Letters confirming proof of meetings and / or group movements
- Payment
- IATAN Logo License Agreement
- Agent Agreement

- **All forms must be signed and notarized.**
- **Send signed and notarized application, requested forms / documents and payment to IATAN.**
- **You will achieve IATAN Accreditation within 4 – 6 weeks after reception, if all requirements are met.**

