



Application for Membership

Event

Event _____ Date of Event _____

Event Location _____ URL _____

Estimated total attendance _____

Brief Attendee Description _____

Has this event been audited in the past? Yes No Years audited _____

Company that performed the audit _____

Event Owner

Company _____ Principal Contact _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Event Producer/Manager *(If different from above)*

Company _____ Principal Contact _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

As a BPA member, you will receive filing notices and other materials related to membership.

Do you wish to receive this information via e-mail? Yes No

Authorized Representative/Company's Officer to receive all BPA Worldwide communications and vote BPA Worldwide Membership Proxy: Same as above Other (specify contact info)

Company _____ Principal Contact _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Registration Company

Company _____ Principal Contact _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Authorization for BPA Worldwide to work directly with this registration company to receive and discuss the data being audited? Yes No

Accounting invoices to be sent to:

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Fees to accompany application: *(from price list)*

Basic audit fee \$ _____
(Includes membership fee, production of standard 4-page report, and unlimited single-choice demographic questions.)

Please check any of the following additional services you request:

_____ Supplemental Question Audit \$ _____

_____ Certification of non-verified registrants \$ _____

_____ Audit of Exhibitor Data \$ _____

Total Fees: \$ _____

- **Payment for initial audit costs must accompany this application. Invoices for subsequent years are generated automatically within six month prior to the event. If an organization has multiple properties, each property (event) has its own membership and is billed separately.**
- **Payment by credit card or wire transfer is acceptable.**

The undersigned, in applying for membership for the above event in BPA Worldwide, represents and acknowledges that:

1. The BPA Bylaws and Rules & Regulations of the Exhibition & Events Industry Audit Commission (EEIAC) have been read and understood.
2. The undersigned is authorized to act for and on behalf of the applicant.
3. In consideration of the acceptance and processing by BPA Worldwide of this membership application, the applicant agrees to be subject to and bound by the Rules & Regulations of the EEIAC.
4. The undersigned agrees that the forfeiture provisions contained in Section 2 of the BPA Bylaws and the publicity provisions of Section 5 of the Rules of BPA Worldwide are applicable and binding on the applicant on the submission of this application.

* Is this application for membership to be kept confidential at this time? [] Yes [] No

Signature _____ Date _____

Name _____ Title _____

Please mail this completed form with a check for the appropriate amount made out to: **NEW APPLICATIONS, BPA Worldwide, Two Corporate Drive, Ninth Floor, Shelton, CT 06484** or fax to the attention of **John Mikstay** or **Joseph Zuccerella** at BPA Worldwide. Fax: 203-447-2900.

Refund Policy

- **No refund** if Event Audit is cancelled less than 60 days from the date of the event
- **50% refund** if Event Audit is cancelled more than 60 days from the date of the event
- **100% refund** if the Event to be audited is cancelled