



# ACTIVE MEMBERSHIP APPLICATION

The International Association of Conference Centers (IACC) is a not-for-profit, facilities-based organization founded to promote a greater awareness and understanding of the unique features of conference centers around the world. Universal Criteria for membership, an Annual Conference, Professional Development programs, an Internet site on the World Wide Web, a periodic newsletter, and an aggressive marketing initiative—all serve to accomplish this goal. ***IACC's Active Members are conference centers which meet the Universal Criteria.*** All applicant facilities are subject to a site inspection to verify qualifications for membership.

Name of Organization \_\_\_\_\_

## The following questions address eligibility for membership.

1. Is your facility a conference center?  
 Yes                       No
2. Does it provide a total environment conducive to meetings, including adequate technical support?  
 Yes                       No
3. Is it staffed with skilled professionals trained to serve the needs of meeting professionals and conferees?  
 Yes                       No

If you answered “yes” to **all three** questions above, your facility may meet IACC’s Universal Criteria and may qualify for membership. Please review the Universal Criteria carefully.

If your facility is not a conference center, you may be eligible for another category of IACC membership—Allied, Corporate Headquarters, or Individual Associate. Please call the IACC office at (314) 993-8575 to obtain the appropriate application.

## The following questions address annual dues.

4. Does your conference center have on-site guest rooms?  
 Yes                       No

If yes, IACC considers your facility a **residential** conference center and computes dues according to your inventory of guest rooms. If you answered “no” to question 4, IACC considers your facility a **non-residential** conference center and computes dues according to net square feet of conference space within the conference center.

5. Is your conference center ancillary to, or part of, a larger hospitality complex (e.g., hotel, resort or convention center)?  
 Yes                       No

If so, IACC computes your dues on par with a **non-residential** conference center, i.e., according to net square feet of conference space within the conference center. However, you must complete the **guest room** portion of the application.

6. Is your facility owned by a not-for-profit entity?  
 Yes                       No

If yes, IACC considers your facility a **not-for-profit** conference center.

7. Is your conference center owned by a for-profit corporation which uses it primarily for that corporation’s training/meeting purposes?  
 Yes                       No

If yes, IACC considers your facility a **corporate** conference center, on par with any **for-profit** center.

8. Does your facility attempt to secure outside business?  
 Yes                       No

If so, IACC considers your facility a **marketed** conference center.

**ALL ITEMS ON THE APPLICATION MUST BE COMPLETED IN FULL.  
IF NOT APPLICABLE, EXPLANATION REQUIRED  
(Please type or print responses.)**

**DUES CALCULATION**

Using the Dues Structure enclosed and the checklist on page one, calculate your first year's dues.  
Add the Initiation Fee appropriate for the classification of your facility.

Initiation Fee \$ _____	Make checks payable to
Membership Dues \$ _____	International Association of Conference Centers
Total Enclosed \$ _____	or IACC
	(Federal I.D. Number 13-3076803)

**GENERAL INFORMATION**

\_\_\_\_\_  
Name of Conference Center *(please supply the formal name of the facility)*

\_\_\_\_\_  
Name of Contact Person Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Province/State Country Postal/Zip

\_\_\_\_\_  
Phone *(include area and country codes, where appropriate)* Fax

\_\_\_\_\_  
E-mail Address Website

Is your facility:

- Operated by a management company?
- Partially operated by a management company?
- Self Operated?

If a management company is involved, which one? \_\_\_\_\_

If your facility is partially operated by a management company, which departments does it oversee?

\_\_\_\_\_

**LOCATION**

Specific Location *(check one)*:  City  Airport  Suburban  Rural

Approximate distance from nearest major airport? \_\_\_\_\_  KM or  Miles Driving Time \_\_\_\_\_

Name of Airport \_\_\_\_\_

Shuttle Service available?  Yes  No Operated by:  Vendor  In House

Other Transportation available:  Taxi  Limousine  Bus

**Visit IACC Online at [www.iacconline.org](http://www.iacconline.org)**

**MARKET SEGMENT COMMITMENT**

New facilities, without actual operation data, please check here and use forecasted market segment data. Based on previous year’s operating results, list the percentage of total income derived from the following areas (do not include secondary sources of income such as additional restaurants, flower shops, spas, golf, etc...):

Conference Business	_____
Social Guests (e.g. banquets, weekend packages)	_____
Transients/Commercial Guests	_____
Other	_____
Total	_____ <u>100%</u>

Total Groups Per Year \_\_\_\_\_ Average Group Size \_\_\_\_\_  
 Total Room Nights Per Year \_\_\_\_\_  
 Total Number of Day Meetings per year (i.e., no guest rooms used) \_\_\_\_\_

**CONFERENCE/MEETING FACILITIES**

Total number of meeting rooms \_\_\_\_\_ Range of sizes \_\_\_\_\_ sq. ft. to \_\_\_\_\_ sq. ft.

Are conference rooms dedicated to groups on 24-hour basis?  Yes  No

Are conference rooms also used as banquet space?  Yes  No If yes, what percentage of total? \_\_\_\_\_ %

Net square feet of meeting space:

Dedicated meeting rooms \_\_\_\_\_ sq. ft.  
 Multi-function rooms \_\_\_\_\_ sq. ft.  
 Total \_\_\_\_\_ sq. ft.

**CONFERENCE PACKAGE**

Does your facility offer a conference package (often referred to as a Complete Meeting Package or CMP)?

Yes  No

If yes, approximately what percentage of your conference business is packaged? \_\_\_\_\_ %

If yes, which of the following is included in the package? (Check all that apply.)

- Conference Planning
- Audio/Visual, as follows:

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- Breakfast
- Lunch
- Dinner
- Sleeping Accommodations
- Refreshment Breaks
- Continuous Refreshment Service

Other/Comments: \_\_\_\_\_

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## FOOD AND BEVERAGE

Indicate seating capacities of the following areas:

Facility	Number of Rooms/Areas	Total Seating Capacity	Range of Capacities	
Dining Room(s)	_____	_____	Smallest _____	Largest _____
Banquet Area(s)	_____	_____	Smallest _____	Largest _____
Bar/Lounge	_____	_____	Smallest _____	Largest _____

Is Private Dining Available?  Yes  No If so, Seating Capacity \_\_\_\_\_

Total Number of Private Dining Rooms \_\_\_\_\_

Is Separate Conference Dining Room Available?  Yes  No

## LODGING

If non-residential, please check here and skip to required signatures below.

Residential and Ancillary facilities complete the following:

Guest Room Inventory: \_\_\_\_\_

Range of size of Guest Rooms \_\_\_\_\_ sq. ft. to \_\_\_\_\_ sq. ft.

Number of Desks/Work Units in each Guest Room? (Check one only.)

None  One  One per bed

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REQUIRED SIGNATURES

I have carefully reviewed IACC's Universal Criteria. In my determination, \_\_\_\_\_  
\_\_\_\_\_ (please print name of facility) satisfies these criteria and is committed to uphold them as  
standards for the conference center throughout the duration of its membership.

\_\_\_\_\_  
Signature

As a condition of membership, I \_\_\_\_\_ (please print your name) and all  
others in my organization agree to comply with the IACC Code of Ethics and Professional Conduct for the duration  
or my/our membership.

\_\_\_\_\_  
Signature

**ALL APPLICATIONS MUST INCLUDE A COMPLETED QUALITY ASSURANCE CHECKLIST, FULL PAYMENT OF FIRST YEAR'S DUES AND INITIATION FEES, AND ONE DIGITAL COPY OF CURRENT MARKETING COLLATERAL THAT CONTAINS AT LEAST FLOOR PLANS AND CAPACITY CHARTS OF ALL ON-SITE MEETING ROOMS.**