



## **SECTOR DIRECTOR APPLICATION**

***Completed application forms must be received by IAVM no later than  
March 6.***

# SECTOR DIRECTOR APPLICATION FORM

## IAVM SECTOR DIRECTOR OF THE BOARD OF DIRECTORS

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

Venue/Company: \_\_\_\_\_

Position: \_\_\_\_\_

Venue Address: \_\_\_\_\_  
*Street Address or P.O. Box*

\_\_\_\_\_  
*City, State/Province, Zip/Postal Code*

Home Address: \_\_\_\_\_  
*Street Address or P.O. Box*

\_\_\_\_\_  
*City, State/Province, Zip/Postal Code*

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*To speed the processing of your application, you should submit evidence for the information stated below. Additional documentation may be requested to verify the information. Any supplemental materials should be labeled clearly and should refer to the specific section of the application to which they apply. If you cannot provide evidence when it is requested, the Leadership Development Committee of the Board of Directors may, in its sole discretion, decide not to grant credit for unsubstantiated claims.*  
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### MINIMUM REQUIREMENTS – Please answer yes or no to each of the following:

\_\_\_\_\_ Has served on the appropriate sector specific committee prior to application.

\_\_\_\_\_ Is willing and able to serve a full two-year term on the Board of Directors.

\_\_\_\_\_ Agree to the IAVM Code of Ethics.

\_\_\_\_\_ Acknowledge all information provided is true and valid.

If you answered “no” to any of the above questions, you are not eligible to apply for the Sector Director Position.

## CERTIFICATION

This Section records any certifications and industry designations you have received.

Date of receipt of designation (Month / Year) \_\_\_\_\_

Date of most recent renewal of designation (if applicable) (Month / Year) \_\_\_\_\_

Date of receipt of designation (Month / Year) \_\_\_\_\_

Date of most recent renewal of designation (if applicable) (Month / Year) \_\_\_\_\_

Date of receipt of designation (Month / Year) \_\_\_\_\_

Date of most recent renewal of designation (if applicable) (Month / Year) \_\_\_\_\_

Date of receipt of designation (Month / Year) \_\_\_\_\_

Date of most recent renewal of designation (if applicable) (Month / Year) \_\_\_\_\_

## IAVM MEMBERSHIP

This Section records that you are currently an active professional member of IAVM.

Date of becoming a member of IAVM (Month / Year) \_\_\_\_\_

## IAVM COMMITTEE EXPERIENCE

This Section records experience serving on any combination of the following: an IAVM Committee, and/or Board of Regents, and/or Board of Governors, and/or IAVM Foundation Board of Trustees. You may request your IAVM committee history by contacting [lori.wehmer@iavm.org](mailto:lori.wehmer@iavm.org) to assist in completing this section.

*Committee Position*

*Dates (Month/Year–Month/Year)*


## IAVM SCHOOL PROGRAMS

This Section records completion of at least one of the following IAVM school programs: IAVM Venue Management School, Graduate Institute, Senior Executive Symposium, Academy for Venue Safety & Security, VMA Venue Management School.

*School Program*

*Date (Month/Year(s))*


## IAVM CONFERENCE & EDUCATION

This Section records attendance at VenueConnect, as well as attendance at any combination of these conferences/programs. Additional years at VenueConnect, IAVM Venue Management School, Graduate Institute, Senior Executive Symposium, Academy for Venue Safety & Security, VMA Venue Management School, GuestX, Trained Crowd Manager, Severe Weather Preparedness, Arena Management Conference, International Convention Center Conference, Performing Arts Managers Conference, Region Meetings, Chapter Meetings

*Conference & Education Program*

*Date (Month/Year(s))*

VenueConnect

VenueConnect

VenueConnect

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*Additional Attendance (if applicable)*

*Date (Month/Year(s))*

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## ADDITIONAL INDUSTRY EXPERIENCE

This Section records any additional industry-related experience that you feel would be relevant in the selection process.

*Experience*

*Dates (Month/Year–Month/Year)*

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Before submitting your application, double check that all requirements have been fulfilled. **Deadline for receiving applications is March 6, 2023.**

## APPLICANT'S STATEMENT

\_\_\_\_\_ By checking this box, I am confirming that I am not aware of any impediments that would keep me from fulfilling the requirements of the office, if nominated.

I hereby apply for nomination to the Sector Director position of the Board of Directors of the International Association of Venue Managers and understand that this information within the application will be treated confidentially. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that IAVM reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of this application. I have read and understand all of the aforementioned information and agree to abide by terms and conditions contained herein.

Signed by: \_\_\_\_\_  
*Applicant* *Date*

**Please Return To:**

**IAVM, Sector Director Nomination, Email: [rosanne.duke@IAVM.org](mailto:rosanne.duke@IAVM.org)**