

The DMCP candidate's direct supervisor must complete this form.

If candidate does not have a supervisor, check if this applies.	candidate should complete and sign the form. Please			
APPLICANT INFORMATION				
First Name	Last name: Middle:			
Title	Organization			
Mailing Address (street/city/state/zip/country				
Phone	Company Email			
DMC COMPETENCIES				
Below are the core skills and expertise Destination Management Company professionals possess. Check all competencies in which your candidate has been responsible for over the past five consecutive years. There must be at least (28) competencies to be considered as a candidate.				
Client				
 Define Clients Goals and Objectives Work with Multiple Stakeholders Research Past Program Data / Facts 				
Salac				

☐ Create Custom Tours

☐ Design Team Building

☐ Utilize Margin for Pricing

☐ Secure Vendor Agreements

Beverage

☐ Develop Pricing Models for Food and

■ Negotiating Client Contract Terms

Please continue on next page.

☐ Create a Proposal

☐ Conduct a Site Visit

☐ Create Program Content

■ Design Transportation

☐ Design Dine Around

Arrangements

☐ Establish and Work with a Budget

☐ Calculate Function Space for Room

Operat	ions			
_ _ _	Manage Tour and/or Meeting Registration Manage Housing Execute Transportation Manage a Dine Around Oversee Tour Programs Obtain City Permits Operate Airport Meet/Greet Services Develop and Maintain a Working Manifest		Develop or Manage a Youth Program Execute Team Building Oversee Food and Beverage Manage Audio and Visual Requirements Manage a Speaker / Talent Create a Schedule of Services (SOS) for Staff Manage Onsite Staffing (Hospitality, Registration, Special Event, etc.) Oversee Vendors	
Business				
	Create Marketing, Promotion, and Publicity Attend a Pre Con Monitor and Maintain Program Profitability Manage Program Billing Manage Technology (Social Media, Database, We	bsite,	etc.)	
EXPERI	ENCE VALIDATION			
☐ This DMCP candidate has fulfilled the requirement of a minimum of three (3) years of direct DMC experience, or, (2) two years of direct DMC experience + any college degree.				
APPRO	VAL			
As the supervisor of this candidate, I certify that this candidate has had responsibility for the DMC Competencies as noted in this form. I approve this application for submission.				
	ull Name Title		Date	
Signatu	ure			