

# ENROLLMENT FORM

CERTIFIED TRADE SHOW MARKETER PROGRAM

# CTSM

PLEASE PRINT

NAME	FIRST	LAST	MIDDLE INITIAL
SOCIAL SECURITY #			
HOME ADDRESS			
CITY		STATE/PROV.	
ZIP CODE		COUNTRY	
TELEPHONE	DOB	GENDER	
COMPANY			
TITLE/POSITION		YEARS	MONTHS
ADDRESS			
CITY		STATE/PROV.	
ZIP CODE		COUNTRY	
TELEPHONE	FAX		
EMAIL			
SUPERVISOR			
SUPERVISOR FAX			
<b>POST SECONDARY EDUCATION</b>			
HIGHEST CLASS LEVEL ACHIEVED (ENTER APPROPRIATE NUMBER FROM CHOICES BELOW)			
0-No prior college degree	1-Freshman (1-29 units)	2-Sophomore (30-59 units)	<input type="checkbox"/>
3-Junior (60-89 units)	4-Four Year Degree	5-Post College	
DEGREE/MAJOR			
INSTITUTION		YEAR COMPLETED	

(FORM CONTINUES ON BACK)



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**NIU Outreach**  
NORTHERN ILLINOIS UNIVERSITY

# CTSM ENROLLMENT FORM - continued

<b>1. WORK EXPERIENCE RELATED TO TRADE SHOWS:</b>			
COMPANY	JOB TITLE	FROM	TO
COMPANY	JOB TITLE	FROM	TO
COMPANY	JOB TITLE	FROM	TO
<b>2. SUPPLEMENTAL EDUCATION (LIST CEUS EARNED, GRADUATE COURSES AND SEMINARS COMPLETED):</b>			
<b>3. PLEASE NOTE ANY DISABILITY THAT WOULD REQUIRE SPECIAL ARRANGEMENTS FOR TAKING THE WRITTEN EXAMINATION:</b>			
<b>4. WHAT PERCENTAGE OF YOUR TIME IN YOUR CURRENT POSITION IS DEVOTED TO THE FOLLOWING FUNCTIONS:</b>			
EXHIBIT MANAGEMENT	EVENT MARKETING		
EXHIBIT SALE	EVENT PROMOTION		
EXHIBIT MARKETING	EVENT LOGISTICS		
EXHIBIT PROMOTION	OVERSEAS EXHIBITING		
EXHIBIT LOGISTICS	PERSONAL CAREER DEVELOPMENT		
EXHIBIT DESIGN	OTHER (SPECIFY)		
EVENT MANAGEMENT			
<b>5. WHAT DOES YOUR EMPLOYER VIEW AS YOUR PRIMARY FUNCTION:</b>			
<b>6. DO YOU SUPERVISE OTHER TRADE SHOW MARKETERS? EXPLAIN:</b>			

Statement of agreement by CTSM candidate: I understand that this is an application only for enrollment purposes for the Certified Trade Show Marketer Program. To become certified I understand that I must successfully complete a program of several components consisting of:

1. A curriculum of required/elective seminars
2. A comprehensive written exam
3. An Electronic Candidate Portfolio

I further understand that any false statements or misrepresentations will result in the revocation of this application.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE RETURN TO:**

Exhibitor Show CTSM Program  
 206 S. Broadway, Suite 745  
 Rochester MN 55904  
 Phone: 507.252.4624  
 Fax: 507.289.5253  
 E-Mail: wlewis@exhibitormagazine.com

FOR USE BY CTSM STAFF

AUTHORIZED BY: \_\_\_\_\_

ACCEPTANCE DATE: \_\_\_\_\_