

Collegiate Board Member Application - SCTEM

Complete all fields as prompted. Applicants must provide a statement of support from their supervisor (director level or higher). Completed applications and supervisor statement must be submitted via email to SCTEM's Executive Director: Debbie Gulliver, University Travel Manager, Michigan State University: gullive5@msu.edu.

Debbie (Gulliver, Universit	y Travel Manager, Michigan	State Unive	ersity: <mark>gu</mark>	llive5@r	nsu.edu.			
SECTIO	N I – Applicant Co	ontact Information							
Name:						Title:			
Univers	sity Name:								
Street /	Address:								
City:			State:				Zip:		
Email:					Phone				
SECTIO	N II – Applicant B	iography / Statement of Int	terest / Exp	ertise					
1. Wh	nat is your current	role? How long have you b	een in that	role? Pl	ease des	cribe you	r respo	nsibilitie	25.
2. Wh	nat strengths wou	ld you bring to the SCTEM be	oard?						
3. Exp	olain why you are	interested in serving on the	SCTEM Adv	risory Bo	ard.				
4. Ide		sory Board functions to whic	ch you are ir				select a	reas of i	interest).
	Conference Ager Education Session Registration Marketing / Com Speaker Coordin Supplier Engager	nmunication ation / Logistics		Me Fir Me	nance	p ip Develo (Round T		mall Gro	up)

SECTION III – Collegiate Demographics						
University Governance	Public	Private				
University Travel Spend	> \$20m	\$10-20m	\$5-10m	<\$5m		

9	SECTION IV	– Ар	plicant Certification
	Yes	No	Confirm that your supervisor (director level or higher) supports your participation on the SCTEM Advisory Board, and will send an email to SCTEM's executive director confirming his/her support.
	Yes	No	Confirm that your university will cover your costs to attend the annual SCTEM conference, including transportation, lodging, and conference registration.
	Yes	No	Confirm that your university can cover your costs to at attend the annual SCTEM Advisory Board meeting, including transportation and some meals. (Most meals and lodging for Board Meetings are paid for by SCTEM).
	Yes	No	The Advisory Board appointments are for three (3) years, with two (2) year extensions upon approval. It is my intention to serve on the Advisory Board at least for the duration of the initial term.
	Yes	No	I have read the <u>SCTEM Bylaws</u> , and agree that if I am selected to serve on the Board to uphold the bylaws and actively contribute to fulfillment of SCTEM's mission.