

## **Supplier 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: <a href="mailto:gullive5@msu.edu">gullive5@msu.edu</a>.

SECTION I – Applicant Contact Information				
Nan	ne:	Title:		
Company Name:				
Street Address:				
City	:	State: Zip:		
Ema	ail:	Phone:		
SECTION II – Applicant Biography / Statement of Interest / Expertise				
		current role? How long have you been in that role? Please describe your responsibilities.  ou and your organization contribute to the success of SCTEM?		
3.	Explain why y	ou are interested in serving on the SCTEM Advisory Board (2,000-character max).		
4.	Additional Co	mments describing company's involvement with travel programs (2,000-character max).		

5. Identify SCTEM Advisory Board functions to which you are interested in contributing (select areas of interest).

Conference Agenda Development Sponsorship

Education Session Development Membership Development

Registration Finance

Marketing / Communication Moderator (Round Table/Small Group)

Speaker Coordination / Logistics Mentor

**Supplier Engagement** 

6. How would you and your organization increase membership to SCTEM and promote conference attendance?

## **SECTION IV – Applicant 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 company will cover your costs to attend the annual SCTEM conference, including transportation, lodging, and conference registration.
- Yes No Confirm that your company 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.