## 10th INTERNATIONAL OFFICE PROFESSIONALS SUMMIT





| NAME OF ASSO<br>OR ORGANISAT | CIATION<br>ION IF INDIVIDUAL |  |  |
|------------------------------|------------------------------|--|--|
| ADDRESS:                     |                              |  |  |
| COUNTRY:                     |                              |  |  |

- 1. This is to certify that <u>this association</u> has elected/appointed the following member(s) in good standing to be the representative(s) at the 10<sup>th</sup> World Administrators' Summit (WASummit), with full authority to act for that association as provided by its bylaws/constitution.
- 2. This is to certify that this individual\*, is applying to be a delegate with the written support of their own organisation and/or their company.
- 3. All applicants must note the number of administrative professionals they are representing (e.g. their organisation may have 100 members, their company may have 200 administrative staff) and provide proof of this (including your website address). This number will be used by the Advisory Council to determine who will be accepted as delegates, if more than three apply, to ensure best representation of the greatest number of administrative professionals.

## **Definition:**

\*Individual - in this context an individual may be someone who has support to represent a group of administrative professionals. This may be from a company or an administrative professional organisation. However, as there may be no more than three delegates from any one country, if more than three apply the WASummit Advisory Council will make the final decision as to which three will be selected as delegates.

It is recommended that those not selected meet with those selected as the official delegates, if both parties agree, to collaborate on topics being discussed to ensure their views are represented.

<u>Please Note:</u> A country may have up to three (3) delegates. If voting is required by delegates, each country is entitled to one (1) vote only.

## **INSTRUCTIONS**

- 1. Where the applicant is from a national association, both their association's President and Secretary must authenticate this form.
- 2. Where the applicant is an individual, then their own organisation and/or authorised company officers (2) must authenticate this form.
- Please email the completed and signed application form to: (eth.lloyd@gmail.com)
- 4. Please ensure that the individual(s) nominated meet the following criteria:
  - (a) For a national representative, they are a current financial member of their own Association.
  - (b) For an individual representative, they have an appropriate approval as per the instruction at the beginning of these sheets.
  - (c) They have in their possession and bring with them a signed copy of the application form.
- 5. Please ensure that the completed application form is submitted by **no later than 20 February 2018**. Registration forms to attend the WASummit will be required at a later date.



## **DELEGATES' APPLICATION FORM**

| 1. Name of Pre   | President or Delegate 1 (voter) |                      |                                |  |  |  |  |
|--|---------------------------------|----------------------|--------------------------------|--|--|--|--|
| Name:  |                                 |                      |                                |  |  |  |  |
| Position:  |                                 |                      |                                |  |  |  |  |
| Organisation:  |                                 |                      | Number being                   |  |  |  |  |
|  |                                 |                      | Represented:                   |  |  |  |  |
| 2. Name of Del   | egate 2                         |                      |                                |  |  |  |  |
| Name:  |                                 |                      |                                |  |  |  |  |
| Position:  |                                 |                      |                                |  |  |  |  |
| Organisation:  |                                 |                      | Number being                   |  |  |  |  |
|  |                                 |                      | Represented:                   |  |  |  |  |
| 3. Name of Del   | egate 3                         |                      |                                |  |  |  |  |
| Name:  |                                 |                      |                                |  |  |  |  |
| Position:  |                                 |                      |                                |  |  |  |  |
| Organisation:  |                                 | Number being         |                                |  |  |  |  |
|  |                                 |                      | Represented:                   |  |  |  |  |
| Photographs (in digital format please – may be sent separately)  |                                 |                      |                                |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |
| President (or Delegate 1)  | Delegate 2                      | Delega               | te 3                           |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |
| The above member(s) have been approved by their association or their own organisation and/o company being represented, and as such approval is noted by the authority vested in the signature below: |                                 |                      |                                |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |
| Signature: President (A  | Assn) or Officer (Individual)   | Signature: Secretary | (Assn) or Officer (Individual) |  |  |  |  |
|  |                                 |                      |                                |  |  |  |  |

Date: (day/month/year)

Date: (day/month/year)