

CHRISTCHURCH CITY COUNCIL CONVENTION LOAN SCHEME APPLICATION FORM

BACKGROUND INFORMATION

1. **Name(s) of the Conference / Event:**

2. **Name(s) of the Organisation(s) requesting funding for the Conference / Event:**

3. **Contact details of persons/s completing this application form:**

Name: _____

Position: _____

Company / Organisation: _____

Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____

Email Address: _____

Name: _____

Position: _____

Company / Organisation: _____

Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____

Email Address: _____

Name: _____

Position: _____

Company / Organisation: _____

Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____

Email Address: _____

PROPOSED CONFERENCE INFORMATION

4. Please provide information for the proposed Conference / Event:

Dates: _____
Estimated number of delegates: _____
Estimated number of accompanying partners: _____

Number of Days: _____
Local: _____
Domestic: _____
Australian: _____
Other International: _____

Is there an exhibition or trade show component?

5. Bid Details:

Has a Bid been placed?

If bidding for the conference / event, what other destinations are being considered?
a. _____
b. _____
c. _____

Date and location of "decision" and Bid meeting:

Will the final decision of where the conference/event held, be made by the President / Chairperson or by a committee? If by a committee, how many people are on the committee?

CONFERENCE HISTORY

6. Please give background information on past conferences:

Month and Year: _____ Number of Delegates: _____
City and Country: _____ Venue: _____

Month and Year: _____ Number of Delegates: _____
City and Country: _____ Venue: _____

Month and Year: _____ Number of Delegates: _____
City and Country: _____ Venue: _____

ASSOCIATION ORGANISTIONAL STRUCTURE

7. Please supply contact details of your full time paid representative:

Name: _____
Position: _____
Company / Organisation: _____
Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____
Email Address: _____

8. Who is your current President?

Name: _____
Position: _____
Company / Organisation: _____
Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____
Email Address: _____

9. Please supply contact details of the Association's CEO:

Name: _____
Position: _____
Company / Organisation: _____
Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____
Email Address: _____

10: Please supply details of your regional representative / contact/s:

Name: _____
Position: _____
Company / Organisation: _____
Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____
Email Address: _____

Name: _____
Position: _____
Company / Organisation: _____
Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____
Email Address: _____

Name: _____

Position: _____

Company / Organisation: _____

Postal Address: _____

Telephone Number/s: _____ Facsimile Number: _____

Email Address: _____

11. Is your organisation:

- Non-profit
- Charitable Trust
- Incorporated Society
- Other, please specify: _____

12. Please indicate precisely what funding assistance you require for the proposed conference / event:

Amount of Loan being sought: \$ _____ **Date Loan Required:** _____

13. Please attach the following documentation:

- a) Proposed budget for the conference / event.
- b) A proposed budget for the Association expenditure and income for the current year, together with a copy of the latest audited balance sheet for the Association.
- c) Certificate of Incorporation of the Association.
- d) Details of the last three national/international events: i.e. location, number of delegates, registration fee, function, pre and post touring and if possible, a copy of an audited balance sheet or working statement for the last event.
- e) Copy of the proposed conference marketing strategy.
- f) Copies of any relevant correspondence to date.

MARKETING THE CONFERENCE

14. **What other Conference(s) / Event(s) are scheduled between now and the planned Conference / Event, where it would be appropriate to promote the Christchurch Conference / Event?**

a. Month & Year:
City / Country
Expected Attendance:
Number of Delegates Attending:

b. Month & Year:
City / Country
Expected Attendance:
Number of Delegates Attending:

15. **Date of Application:** _____

Name/s and Signature/s of Applicants:

a. _____
b. _____
c. _____

PROCEDURE FOR APPLICATION

Please complete this form and submit, along with required support documentation to:

The Manager
Christchurch & Canterbury Convention Bureau
PO Box 2600
Christchurch 8140
New Zealand

T: +64 (3) 379 5977
E: conventions@christchurchnz.com

www.christchurchconventions.co.nz

This application will be submitted on your behalf to the Christchurch City Council to process for approval.
www.ccc.govt.nz