

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

Conference Agenda Development
Education Session Development
Registration
Marketing / Communication
Speaker Coordination / Logistics
Supplier Engagement

Sponsorship
Membership Development
Finance
Moderator (Round Table/Small Group)
Mentor

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 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 SCTEM Bylaws , 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. |