Supervisor Form

DMCP — DESTINATION MANAGEMENT CERTIFIED PROFESSIONAL

The DMCP candidate's direct supervisor must complete this form.

APPLICANT INFORMATION

Last name _____   First name: _____   Middle: _____

Title _____   Organization _____

Mailing Address (street/city/state/zip/country _____

Phone _____   Company Email _____

DMC COMPETENCIES

Below are the core skills and expertise Destination Management Company professionals possess. Check all competencies in which your candidate has been responsible for over the past five consecutive years. There must be at least (28) competencies to be considered as a candidate.

Client

- ❑ Define Clients Goals and Objectives
- ❑ Work with Multiple Stakeholders
- ❑ Research Past Program Data / Facts

Sales

- ❑ Create a Proposal
- ❑ Conduct a Site Visit
- ❑ Establish and Work with a Budget
- ❑ Create Program Content
- ❑ Design Transportation
- ❑ Design Dine Around
- ❑ Calculate Function Space for Room Arrangements

- ❑ Create Custom Tours
- ❑ Design Team Building
- ❑ Develop Pricing Models for Food and Beverage
- ❑ Utilize Margin for Pricing
- ❑ Negotiating Client Contract Terms
- ❑ Secure Vendor Agreements

Please continue on next page.

Operations

- ❑ Manage Tour and/or Meeting Registration
- ❑ Manage Housing
- ❑ Execute Transportation
- ❑ Manage a Dine Around
- ❑ Oversee Tour Programs
- ❑ Obtain City Permits
- ❑ Operate Airport Meet/Greet Services
- ❑ Develop and Maintain a Working Manifest
- ❑ Develop or Manage a Youth Program
- ❑ Execute Team Building
- ❑ Oversee Food and Beverage
- ❑ Manage Audio and Visual Requirements
- ❑ Manage a Speaker / Talent
- ❑ Create a Schedule of Services (SOS) for Staff
- ❑ Manage Onsite Staffing (Hospitality, Registration, Special Event, etc.)
- ❑ Oversee Vendors

Business

- ❑ Create Marketing, Promotion, and Publicity
- ❑ Attend a Pre Con
- ❑ Monitor and Maintain Program Profitability
- ❑ Manage Program Billing
- ❑ Manage Technology (Social Media, Database, Website, etc)

EXPERIENCE VALIDATION

- ❑ This DMCP candidate has fulfilled the requirement of a minimum of three (3) years of direct DMC experience.

APPROVAL

As the supervisor of this candidate, I certify that this candidate has had responsibility for the DMC Competencies as noted in this form.

I approve this application for submission.

_____

Name   Title   Date

_____

Company   Address

Validation Form for DMCP candidate. Please be sure supervisor has signed this form!