

Certified Festival & Event Executive Application



Please send application and enrollment fee to:
CFEE Program • IFEA World Headquarters
2603 W. Eastover Terrace • Boise, ID 83706 • USA
Phone: 208-433-0950 ext. 1 • Fax: 208-433-9812

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KALIFF INSURANCE

To enroll, submit a copy of this application along with payment of enrollment fee, \$200 for IFEA members, \$350 for non-members. (U.S. Dollars only.)

To certify, you must submit a copy of the checklist with the final \$250 fee, at least 30 days before the IFEA Convention where you will be recognized for completing all of the program requirements. Please attach required documentation. **Final Assessment case studies must be submitted a minimum of two months prior to convention.**

Required documentation: a copy of the position descriptions you have held for the past five years at an event or festival-related organization, including your current job description; certificates of achievement from the six required courses and four elective courses; proof of attendance from IFEA or affiliated chapter conventions.

1. APPLICANT INFORMATION

Name: Mr. Ms. Mrs _____

Home Address: _____

City, State/Province, Zip Code: _____ Country: _____

2. APPLICANT ORGANIZATION

Name of Event/ Company: _____

Title: _____

Office Address: _____

City, State/Province, Zip Code: _____ Country: _____

Phone: _____ E-mail: _____

Fax*: _____ Website: _____

The above section is required for the enrollment application process. Please keep a copy for your files and complete the checklist as you go through the certification process.

3. PREREQUISITES FOR CERTIFICATION

- You must be enrolled in the program and have completed all requirements
- You must have five years of paid, full-time festival or event-related industry experience at a professional level.
- You must be currently employed in the festival and events industry
- You must be an active IFEA member in good standing before you can receive your designation.

In making this application, I fully understand that it is an application for the CFEE designation. I will submit a Final Assessment to The IFEA Academy of Event Education. I further understand, and by my signature, attest that I now and in the future will adhere to the IFEA Code of Professional Conduct and Ethics. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application and the issuance of a complaint of violation on said Standards.

Applicants Signature: _____ Date: _____

The CFEE program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation, or disability.

For the complete Code of Ethics, visit our website, use the left hand menu bar, under "About IFEA", click "Overview", and then click "Code of Ethics" which will be near the top of the screen.

4. PAYMENT INFORMATION

TOTAL PAYMENT \$ _____

Select method of payment: VISA MasterCard American Express Discover Check (make check payable to IFEA in U.S. funds)

Print Cardholder Name: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____ CVN Code: _____ (VISA/MC-3 digit code back) (AMX-4 digit code front)

After completion of all program requirements, you are now ready to send your final payment and apply for the CFEE designation.

If designation is awarded, recognition will occur at the IFEA annual convention closest to the successful assessment date.