

CANDIDATE NAME: _____

ADVISOR NAME: _____

COMMITTEE REVIEW DATE: _____

REVIEWER: _____

CRITERIA #1 – VITAL STATISTICS

PAGES:	APPROVED	NOT APPROVED	NOTES
Bio including education & career			
background			
Current job responsibilities (noting			
key staff you interact with)			
Company history, size, location(s),			
<pre>market(s), competitors (mkt. shares)</pre>			
Details on products/services			
SECTION – OVERALL			

CRITERIA #2 – OVERVIEW/SHOW SCHEDULE – a broad look at candidate's program & look at a recent annual schedule of shows/events

PAGES:	APPROVED	NOT APPROVED	NOTES
Basic introductory remarks about your program included –			Example: size/ scope – other areas of responsibility (events training, etc.)
Have you made major changes since taking over?			
Annual schedule of major			Show name with acronyms
shows/events (no more than 1-2			explained, dates, location,
pages, if large put full schedule in			size of booth = minimal
appendix)			information
Identifies any special circumstances			It's ok not to have any.
SECTION – OVERALL			



CRITERIA #3 – INTRODUCTION TO SHOW OF FOCUS & MEASURABLE OBJECTIVES FOR THE SHOW – a narrow look at the show of focus

PAGES:	APPROVED	NOT APPROVED	NOTES
Introduction to show/event/client of			
Focus			
Why you chose this one			
Demographics of your show & target audience			
Detailed show/event strategies			
Objectives & measurable goals for show/event of focus – must have numbers			Use a table with four key column headers: strategies/tactics/assessment methods/measurable goals (No results should be in this section)
Explain process involved in			
preparing for this show/event			
SECTION - OVERALL			

CRITERIA #4 – MANAGEMENT OF EXHIBIT DESIGN/PRODUCTION

PAGES	APPROVED	NOT APPROVED	NOTES
Management planning for your			
booth/space/presence			
RFP/Final selection process (if no			
RFP, a needs list for design			
requirements)			
Production strategies			
Budget Plan/Actuals by numbers			If budget is company
(exhibit build/show)			confidential, you may use
			percentages.
Visual evidence with captions			Be sure visuals and captions
included			are easy to read.
SECTION - OVERALL			



CRITERIA #5 MANAGEMENT OF INTEGRATED MARKETING COMMUNICATIONS (IMC)

PAGES:	APPROVED	NOT APPROVED	NOTES
Planning/Goals			
Selection rationale for each media			
source used			
Measurable objectives/strategies for			
each marketing communication			
effort			
Visuals with captions demonstrate			
message integration (easy to read)			
Assessment measures for marketing			
goals clearly identified			
IMC results with recommendations			
for improved marketing in the			
future			
SECTION - OVERALL			

CRITERIA #6 – MANAGEMENT OF RESULUTS REPORTING

PAGES:	APPROVED	NOT APPROVED	NOTES
Assessment measures to obtain			
show/event results explained			
Overall show results tied back to			
original objectives in III (may			
include IMC results)			
Recommendations of each show			
goal/objective for the next year			
Review results (+ or -) & measurable			
strategies			
Reporting measures – to whom and			
how			
SECTION – OVERALL			



CRITERIA #7 – CONCLUSION

PAGES:	APPROVED	NOT APPROVED	NOTES
Assessment (wrap-up of program)			
Recommendations for overall			
change/improvement			
Strategy plans to support			
recommended changes			
Review learning experiences from			
EXHIBITOR Learning Events,			
CTSM and writing your portfolio			
SECTION - OVERALL			

CRITERIA #8 – OVERALL FORMAT AND CONTENTS

	APPROVED	NOT APPROVED	NOTES
All key sections are present & well			
organized (incl. cover page, table of			
contents, seminar reference page			
(appendix optional)			
Ease of reading; free from typos &			
grammatical errors; visuals & labels			
are large enough to read			
Sections set apart by section header			
pages			
Seminars are references throughout			
with application (at least 8 required			
& 2 electives)			
Session reference list is included			
after section 7, (session #, title, page			
referenced (ELC optional)			
If appendix is used, it's referenced			
by pg. # in text			
FORMAT – OVERALL			



Review Determination: As a member of the CTSM Portfolio **Review Committee for EXHIBITOR's CTSM program, I recommend the following for this portfolio submission:**

_ Approved portfolio for certification requirements.

_Portfolio not approved. Revisions required as noted.

SIGNATURE _____

DATE _____

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