

Advanced Management Program 2008/2009 Application Form

Professional achievement and organizational responsibility are the main criteria for admissions. Applicant credentials will be reviewed by the Admissions Committee to ensure that the job responsibilities of each applicant are consistent with the aims of the program. Enrollment is limited and those submitting early applications will be given preference. Confirmation of admission will be sent after acceptance into the program.

GENERAL INFORMATION

Last Name: First Name:

Preferred Name (for name badge):

Job title: Company:

Address:

City: Zip Code: Province: Country:

Phone: Cell phone: Fax:

Email: Company web address:

Brief description of your company or division:

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Overview of your responsibilities:

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Annual sales: No. of employees:

PERSONAL INFORMATION

Home Address:

City: Zip Code: Province: Country:

Phone: Date and place of birth:

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CURRENT POSITION

Please outline your current responsibilities. If you work in more than one organization please list the details of the company where you currently spend most of your time.

Job title:
Since: No. of people under management: Scope of responsibilities:
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PROFESSIONAL EXPERIENCE

Please detail your professional experience during the 10 years prior to your current position:

1. Company: Activity:
From: To: Position:
No. of people managed: Responsibilities:
.....
.....

2. Company: Activity:
From: To: Position:
No. of people managed: Responsibilities:
.....
.....

3. Company: Activity:
From: To: Position:
No. of people managed: Responsibilities:
.....
.....

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COMPLEMENTARY INFORMATION

Please list higher education degrees (University or Graduate School) starting with the most recent:

	Institution	Location	Degree	Graduation date
1				
2				
3				
4				

STRENGTHS & WEAKNESSES

On a scale of 1 to 10, please indicate your level of proficiency in the following areas:

- Administration and Finance []
- People Management and Human Resources []
- Sales & Marketing []
- Production and Operations []
- Information Systems []

Please outline how you will contribute to the educational experience of your fellow participants:

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Please tell us why you would like to attend the IESE Advanced Management Program and what you hope to gain from it:

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SPECIAL INTERESTS/SPORTS/HOBBIES

This information will appear in the participant biography booklet included in the program binder.

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BILLING INFORMATION

Please provide the billing details that should appear on the invoice. All fields must be completed in order process your application.

Invoice to:

Person in charge of invoicing (if different than above):

Address:

City: Zip Code: Province: Country:

Phone: Fax:

SOURCE OF INFORMATION

Please indicate how you learned about the program

PERSON IN CHARGE OF EXECUTIVE DEVELOPMENT FOR YOUR COMPANY

Last Name: First Name:

Job title: Name of company:

Address:

City: Zip Code: Province: Country:

Phone: Cell phone: Fax:

Email: Company web address:

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FEE, PAYMENT & CANCELLATION POLICY

The program fee is €33,500. Fee includes tuition, classroom materials, accommodation and most meals. Payment is due upon notification of admission. Details of payment will be provided upon confirmation of participation.

All cancellations must be made in writing. A full refund will be granted up to one month before the start of the program. Due to program demand and volume of pre-program preparation, cancellations received after October 5, 2008 (one month prior to the program) will be subject to a 25% cancellation fee.

PLEASE ADDRESS THE APPLICATION AND ANY REQUESTS FOR FURTHER INFORMATION TO:

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University of Navarra