

Senior Executive Program-Miami 2009/2010 Application Form

Professional achievement and organizational responsibility are the main criteria for admission. 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: 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 managed: 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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EDUCATION

Start with the most recent university or graduate school.

	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 and 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 Senior Executive Program-Miami 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 AT YOUR COMPANY

Last Name: First Name:

Job Title: Name of Company:

Address:

City: Zip Code: Province: Country:

Phone: Cell Phone: Fax:

Email: Web Address:

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FEE, PAYMENT & CANCELLATION POLICY

The program fee is US\$39,000, which includes all reading and classroom materials, meals and accommodation in Miami and Madrid. 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 September 12, 2009 will be subject to a 25% cancellation fee.

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

IESE Business School
Attention: Greg Cooper
Email: infofgm@iese.edu

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08034 Barcelona, Spain
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