



**ASCENDING TO THE C-SUITE:
FROM THEORY TO PRACTICE**



May 6–10, 2019

The Inn at St. Johns, Plymouth, MI

Personal Information

NAME	MR.	MRS.	MS.	MISS	DR.	NAME (as you wish for it to appear on your name badge)
TITLE (of present position)						COMPANY (include any reference to division or subsidiary)
COMPANY ADDRESS						
CITY		STATE		ZIPCODE		COUNTRY
BUSINESS PHONE (area code & number)				MOBILE (area code & number)		
EMAIL				COMPANY WEBSITE		
ASSISTANT NAME (if applicable)				PHONE		EMAIL

Payment Information (if different from above)

NAME			TITLE			
COMPANY NAME			ADDRESS			
CITY		STATE		ZIPCODE		PHONE (area code & number)
PAYMENT METHOD						
CREDIT CARD		CHECK	ACH		EMAIL BILLING	

Program payment is due within two weeks of acceptance.

Person(s) in Charge of Executive Leadership Development for Your Company

NAME			TITLE			
COMPANY NAME			ADDRESS			
CITY		STATE		ZIPCODE		PHONE (area code & number)
EMAIL						

Present Position

OVERALL DESCRIPTION OF CURRENT ROLE

TIME IN CURRENT ROLE _____ YEARS OF PROFESSIONAL EXPERIENCE _____ YEARS OF LEADERSHIP EXPERIENCE _____

NUMBER OF DIRECT REPORTS _____ INDIRECT REPORTS _____ ARE YOU IN LINE FOR A C-SUITE POSITION? ____ YES ____ NO
 _____ UNKNOWN

POTENTIAL SUCCESSOR ROLES FOR WHICH YOU MAY BE ELIGIBLE

List Your Immediate Leader(s) (include solid and dotted line reporting where applicable)

NAME and TITLE	EMAIL	PHONE (area code & number)
NAME and TITLE	EMAIL	PHONE
NAME and TITLE	EMAIL	PHONE



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Areas of Experience

PLEASE SELECT AT LEAST ONE AREA OF EXPERIENCE AND CODE WITH: "A" Meaning Extensive; "B" Meaning Moderate; "C" Meaning Limited

Communications Engineering Finance Healthcare Human Resources Information Technology Legal
 Manufacturing Marketing Operations Purchasing Research Development Sales Other _____

Employment Experience and Education

Submission of a current resume is required for consideration. Please include with this application.

Military Information

Are you a Veteran? **Yes** **No** If yes, complete the following.

Branch	Highest Rank	Position
Years of Service	Years of Separation	

Goals Statement

Please share with us your desired professional goals and/or learning objectives in applying to this program. Address such matters as special interests you hope to pursue, including specialized knowledge or experience you can bring.

Recommendation

To be signed by an authorized senior officer who personally knows the candidate and is familiar with the company's future plans for the candidate. Applicants may be asked for additional information, such as a letter of recommendation, upon review of their application. The submission of this application has been reviewed and approved by the applicant's employer. It is understood that if this application is accepted, the participant will fully commit, engage and participate for the duration of the program, including any required pre-work.

SIGNATURE OF SENIOR OFFICER

DATE

NAME

TITLE

E-MAIL

Application Submission

In order to ensure your place in the program, and to receive your pre-program materials in a timely manner, please send your application, resume and recommendation letter to Inforum no later than March 29, 2019. Late applications may be considered in the event that vacancies occur. Please email or mail the application, your resume and recommendation letter to:

Michele Shelton

Vice President, Leadership Development
Inforum
400 Renaissance Center, Suite 2155
Detroit, Michigan 48243

mshelton@inforummichigan.org
Office phone: 313-324-0236