



**ASCENDING TO THE C-SUITE:  
FROM THEORY TO PRACTICE**  
June 1 - 5, 2020  
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

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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 April 1, 2020. 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