



**ASCENDING TO THE C-SUITE:  
FROM THEORY TO PRACTICE**  
28 Nov - 1 Dec, 2022  
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



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

28 Nov - 1 Dec, 2022

The Inn at St. Johns, Plymouth, MI



**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 October 28, 2022. Late applications may be considered in the event that vacancies occur. Please email or mail the application, your resume and recommendation letter to:

**Lorrena Black**

Vice President, Leadership Development  
 Inforum  
 400 Renaissance Center, Suite 2155  
 Detroit, Michigan 48243  
 313.324.0236

lblack@inforummichigan.org