

APPLICATION FORM

The Negotiation Edge: Effective Strategies for Women

Referrals:

If you were referred by a past participant of one of our recent leadership programs, please provide her name so that we may extend a thank you. _____

Name: (First) _____ (MI) _____ (Last) _____

Name: (as you wish it to appear on your name badge) _____

Title: _____

Organization name: _____

Organization address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Telephone: _____ Fax: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Payment Information

The full tuition amount is due and payable prior to the program and/or upon receipt of invoice. Your confirmation of a reserved place in the program is contingent upon receipt of total fees. If payment is not received within 14 days prior to the program start date, you will be contacted to provide credit card guarantee.

Check enclosed (made payable to **Simmons College**)

Send invoice to:

Name: _____

Title: _____

Company: _____

Address: _____

City/state/zip/country: _____

Tel: _____ Fax: _____

E-mail: _____

Payment by Credit Card

Name on Card: _____

Credit Card Type:

AMEX Visa Mastercard

Credit Card No.: _____

Exp. Date: _____ Amount: _____

Signature: _____

Cancellation Policy

All cancellation requests must be received in writing. Cancellations received 30 days before the start of the program will receive a 100% refund. Cancellations made 3-4 weeks out receive a 50% refund. There is no refund for cancellations made within 3 weeks of the start of the program.

Qualified substitutes for registrations can be accommodated with advance written notice. Within 3 weeks of the start of the program, substitutions are subject to a \$250 charge.

Simmons Executive Education reserves the right to change without notice any statement in this form concerning, but not limited to, rules, policies, tuition, fees, curricula, and courses.

 Signature of Applicant

 Date

Please return completed application to:

Simmons Executive Education
 409 Commonwealth Avenue
 Boston, MA 02215
 Tel: 617.521.3843 | Fax: 617.521.3880
 E-mail: execed@simmons.edu

All information supplied will remain confidential.

Applicant Management Level:

- Middle
- Upper-Middle
- Senior

Industry:

- Education
- Financial Services
- Government
- Healthcare/Services
- Information Technology
- Legal
- Manufacturing
- Non-Profit
- Services
- Other _____

Area(s) of Expertise:

- Accounting
- Engineering
- Finance
- General Management
- Human Resources
- Information Systems
- Legal
- Marketing
- Operations
- Production
- Research & Development
- Sales
- Other _____

How did you hear about this program?

- Past Participant
- Colleague/Friend
- Postcard Mailing
- Brochure Mailing
- Email/Evite
- Simmons Web site
- Web search
- Other _____

Optional:

Simmons Executive Education seeks to attract participants from all racial and ethnic groups in our society. If you would like to identify yourself as a member of any such group, please indicate here the group to which you belong: _____



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