

APPLICATION FORM

Strategic Leadership for Women

All information supplied will remain confidential.

DATE: SEPTEMBER 24 - 28, 2007 COST: \$4,400

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: _____

Years with company: _____ # Employees in organization: _____

How do you think attending this program will strengthen your ability to achieve your professional and personal goals?

Please describe your current primary job responsibilities: _____

Why did you choose Simmons? _____

How did you hear about this program?

- Brochure mailing
- Postcard mailing
- Email announcement
- Advertisement: publication
- Web search: search engine
- Simmons Web site
- Colleague/friend
- Other: _____
- Previous participant
- HR Director
- Simmons Phone Call

Applicant Management Level:

- Middle
- Upper-Middle
- Senior

How many people do you manage:
 directly? _____
 indirectly? _____

Do you have budgetary responsibility?

- yes
- no

If yes, what amount? _____
 _____ Years of Experience

Industry:

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

Functional Expertise:

- Accounting
- Engineering
- Finance
- General Management
- Human Resources
- Information Systems
- Legal
- Marketing
- Operations
- Production
- Research & Development
- Sales
- 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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APPLICATION FORM (cont'd.)

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Program Policies:

Confirmation

Once your application has been accepted, you will receive a formal letter securing your place in the program. Approximately 4–6 weeks prior to the program you will receive a pre-program packet containing logistical information as well as any pre-program assignments.

Payment Policy

Payment for the program is due in full upon receipt of invoice.

Substitution Policy

Qualified substitutes for attendance can be accommodated with advance written notice. Within 6 weeks of the start of the program, substitutions are subject to a \$250 charge.

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.

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.

Please have a senior executive from your organization complete the following:

Name of nominating/sponsoring officer: _____

Title: _____

Organization address (if different from applicant): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ E-mail: _____

What do you want this applicant to achieve as a result of attending this program? _____

How do you plan to make use of the knowledge, skills, and insights the applicant will gain from this program?

If this nominee is accepted to the program, it is understood that the person will be free from all work duties while in attendance of the program and will not be asked to be absent for business reasons during the scheduled sessions.

Signature of nominating/sponsoring officer: _____ Date: _____

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.

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: _____

If admitted to the program, I agree to abide by the regulations established by Simmons School of Management.

Signature of Applicant

Date

Please return completed application to:



SIMMONS
SCHOOL OF MANAGEMENT

Executive Education
409 Commonwealth Avenue
Boston, MA 02215
Tel: 617.521.3869
Fax: 617.521.3880
E-mail: execed@simmons.edu