



**EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM
APPLICATION FORM 2011-2012**

(Please print or type clearly. Use additional sheets where suggested, and clearly display your name on all pages).

PERSONAL DATA

LAST NAME _____ FIRST NAME _____

TITLE _____ COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ FAX _____

E-MAIL ADDRESS _____

HOME ADDRESS _____ SUITE/APARTMENT _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

EMERGENCY DATA

IN CASE OF EMERGENCY, PLEASE CONTACT _____

RELATIONSHIP _____

BUSINESS PHONE _____ HOME PHONE _____

EDUCATION

INSTITUTION	DATES ATTENDED	DEGREE/CERTIFICATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ANY OTHER EXECUTIVE LEADERSHIP PROGRAMS YOU HAVE PREVIOUSLY ATTENDED

PROGRAM NAME	DATES ATTENDED
_____	_____
_____	_____
_____	_____



AREAS OF MANAGEMENT

PLEASE RANK YOUR PROFICIENCY IN THE FOLLOWING AREAS:

	HIGH	SOME	LOW
STRATEGIC MANAGEMENT	_____	_____	_____
GLOBAL BUSINESS	_____	_____	_____
ACCOUNTING	_____	_____	_____
INFORMATION TECHNOLOGY	_____	_____	_____
PUBLIC AFFAIRS	_____	_____	_____
FINANCE	_____	_____	_____
MARKETING	_____	_____	_____
HUMAN RESOURCES	_____	_____	_____
LEADERSHIP DEVELOPMENT	_____	_____	_____
OPERATIONS	_____	_____	_____
AD SALES	_____	_____	_____
AFFILIATE RELATIONS	_____	_____	_____
NEW MEDIA	_____	_____	_____
ENGINEERING	_____	_____	_____
PROGRAMMING	_____	_____	_____

EXPERIENCE: DESCRIBE YOUR PRESENT RESPONSIBILITIES AND INCLUDE THE NUMBER OF PEOPLE AND VALUE OF THE ASSETS YOU MANAGE. (PLEASE ATTACH A CURRENT RESUME).

ARE YOU CURRENTLY A NAMIC MEMBER? YES ____ NO ____

LIST ORGANIZATIONAL AFFILIATIONS OF THE LAST FIVE YEARS:

POSITION DATA: DESCRIBE YOUR POSTION AS IT RELATES TO THE TOTAL ORGANIZATION. DESCRIBE YOUR REPORTING RESPONSIBILITIES AND THE NUMBER OF LEVELS BETWEEN YOUR POSITION AND THAT OF THE ORGANIZATION'S SENIOR OFFICER. PLEASE INCLUDE AN ORGANIZATION CHART, IF AVAILABLE.

PERSONAL STATEMENT: ON A SEPARATE SHEET, PLEASE DESCRIBE HOW THE EXPERIENCE OF BEING A PERSON OF COLOR HAS CONTRIBUTED TO YOUR LEADERSHIP POTENTIAL AND PREPAREDNESS TO ASSUME POSITIONS OF INCREASING SCOPE AND COMPLEXITY IN THE COMMUNICATIONS INDUSTRY. INCLUDE WHY YOU BELIEVE PARTICIPATING IN THE NAMIC EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM WILL ASSIST YOU IN ACHIEVING YOUR CAREER GOALS



ORGANIZATIONAL ENDORSEMENT

YOUR PARTICIPATION IN THE ELDP MUST BE ENDORSED BY YOUR EMPLOYER. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SPONSOR.

SPONSOR'S NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

***PLEASE INCLUDE A LETTER OR WRITTEN RECOMMENDATION FROM YOUR SPONSOR.**

IF DIFFERENT FROM ABOVE, PLEASE PROVIDE THE NAME, TITLE/POSITION, ADDRESS AND BUSINESS NUMBER OF THE PERSON IN CHARGE OF EXECUTIVE DEVELOPMENT IN YOUR ORGANIZATION.

NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PLEASE BILL TO

NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ORGANIZATION AND APPLICANT AGREEMENT: IT IS UNDERSTOOD THAT UPON APPLICANT ACCEPTANCE, THE ENTIRE FEE IS PAYABLE UPON BILLING. FIFTY PERCENT (50%) OF THE TOTAL TUITION FEE WILL BE ASSESSED FOR CANCELLATION LESS THAN 30 DAYS PRIOR TO THE START OF THE PROGRAM. IF A WRITTEN REQUEST IS RECEIVED LESS THAN 14 DAYS PRIOR TO THE PROGRAM START, THE ORGANIZATION WILL ASSUME RESPONSIBILITY FOR THE ENTIRE PROGRAM FEE. NO REFUND WILL BE MADE FOR PARTIAL PARTICIPATION. TO ENSURE FULL VALUE TO THE PARTICIPANT AND SPONSORING ORGANIZATION, EACH PARTICIPANT MUST ATTEND ALL FOUR SESSIONS IN ORDER TO COMPLETE THE PROGRAM SUCCESSFULLY. IT IS FURTHER UNDERSTOOD THAT DURING ATTENDANCE AT THE NAMIC ELDP, THE PARTICIPANT WILL BE FREE OF OTHER DUTIES AND WILL NOT BE REQUIRED TO LEAVE THE INSTITUTE, EXCEPT IN EMERGENCY SITUATIONS. I HAVE READ AND AGREE TO ABIDE BY THE ORGANIZATION AND APPLICANT AGREEMENT.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF SPONSOR _____ DATE _____

APPLICATIONS MUST BE SUBMITTED BY AUGUST 12, 2011 TO:

NAMIC

EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM

320 WEST 37th STREET, 8th FL.

NEW YORK, NY 10018

ATTENTION: JIM JONES, VICE-PRESIDENT OF EDUCATION PROGRAMS

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