Senior Executive Orientation® Program Application/Participant Commitment Form

The following biographical information is requested from all participants. Please list the information as you would like it to appear in the program yearbook and on website. Personal information will not be posted; remains confidential to participants only.

PROGRAM PARTICIPATION: ☐ Single/Individual ☐ Couple

Recommended by_____

EMPLOYMENT SECTION

Name_____

Title/Occupation_____

Company_____

Address_____

City/State/Zip_____

Telephone_____ **Fax**_____

E-mail_____

PERSONAL SECTION

Home Address_____

City/State/Zip_____

Home Telephone_____ **Mobile**_____

How long have you been in South Florida?_____ **Last Residence (City/State)** _____

Where did you grow up?_____

Education_____

Hobbies/Interest_____

_____

_____

What were your reasons for relocating?_____

_____

_____

What would you like to know most about South Florida? _____

_____

_____

How can SEO help you with your transition? _____

_____

_____

In addition to this form please submit the following:

1. **Résumé or CV**
2. **Applicant headshot (or group photo if participating as a couple)*Specifications: minimum resolution: 300 dpi, JPEG format***
3. **Applicant biography**
4. **Brief company description (100 word maximum)**
5. **Deadline: December 6, 2019**

E-mail items requested above along with completed application to:
Ivette Canales
icanales@miamichamber.com

Application continues on next page →

SPOUSE/GUEST *Complete only if participating as a couple.*

Name_____

Title/Occupation_____

Company_____

CHILD(REN)

1. Name_____ **School**_____ **Age**_____

2. Name_____ **School**_____ **Age**_____

3. Name_____ **School**_____ **Age**_____

4. Name_____ **School**_____ **Age**_____

TOPICS OF INTEREST *Rank your Top Five (1 being of greatest interest)*

____ Banking & Finance
____ Real Estate
____ Food & Dining
____ International Business
____ Technology
____ Travel & Tourism
____ Outdoors & Environment
____ Health & Wellness
____ Colleges & Universities
____ K-12 Education
____ Community Service
____ Arts & Culture
____ Professional Sports
____ Fashion Design & Business

I certify that the information submitted in this application is true and correct.

*Signature*_____ *Date*_____

PAYMENT INFORMATION

Member Rates
☐ $2,500

Nonmember Rates
☐ $3,300

Total $_____

☐ Check enclosed payable to the Greater Miami Chamber of Commerce

☐ American Express ☐ Visa ☐ MasterCard

Card number_____ **Exp. date**_____ **CVV/Code**_____

Complete billing address: ☐Same as above ☐Other_____

_____

Name as it appears on card_____

Signature_____

Please note: upon notification of acceptance into the program, payment will be processed. Applicants will be notified of acceptance into the Senior Executive Orientation® Program in December.

PLEASE COMPLETE AND RETURN COMMITMENT FORM.

Attention: Ivette Canales

E-mail: icanales@miamichamber.com

Mail: Greater Miami Chamber of Commerce, 1601 Biscayne Blvd., Ballroom Level, Miami, FL 33132

FOR INFORMATION CONTACT: Ivette Canales, 305-577-5458 | icanales@miamichamber.com