

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:** January 31, 2019

E-mail items requested above along with completed application to:

Ivette Canales
icanales@miamichamber.com

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

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

Signature _____ *Date* _____

PAYMENT INFORMATION

Member Rates **Nonmember Rates**
 \$2,500 \$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: E-mail: Mail:
Ivette Canales icanales@miamichamber.com Greater Miami Chamber of Commerce, 1601 Biscayne Blvd., Ballroom Level, Miami, FL 33132

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