

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 15 2017**

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

Single/Individual \$1,800
Membership)
 Couple \$2,300
 Military Personnel (includes spouse/guest) \$1,200

Nonmember Rates

(includes one year of Greater Miami Chamber of Commerce
 Single/Individual \$2,300
 Couple \$2,800

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