Ivey Asia Executive Education Program



Application Form

Program Selection

Please select the program below to which you would like to apply:

1. Consortium Programs

| İ | i. Ivey Consortium Executive Program (ICE) | | | |
|--|---|----|--|--|
| | 12-day program consists of 4 modules delivered over 4 months. | | | |
| | O Leadership and Management of Change (September 26 - 28, 2016) | | | |
| | O Strategic Marketing Planning (October 17 - 19, 2016) | | | |
| | O Optimizing Financial Performance to Achieve Business Success (November 14 - 16, 201 | 6) | | |
| | O Strategic Analysis and Action (December 12 - 14, 2016) | • | | |
| ii. Accelerating Management Talent Program (AMT) | | | | |
| | 12-day program consists of 6 modules delivered over 6 months. | | | |
| | O Leading High Performing Teams (September 29 - 30, 2016) | | | |
| | ○ ÁCompetitive Advantage Through Marketing (October 20 - 21, 2016) | | | |
| | ○ ÁManaging Financial Resources for Business Decisions (November 17 - 18, 2016) | | | |
| | O Strategic Planning and Execution (December 15 - 16, 2016) | | | |
| | O Innovation and Revitalization Through People (January 12 - 13, 2017) | | | |
| | O Leading Change (February 16 - 17, 2017) | | | |
| | | | | |
| Appl | icant Information | | | |
| Please | Note: all information will be kept confidential. | | | |
| 1. 🗆 | Mr. | | | |
| 2. Fir | st Name (In Full): | | | |
| 3. Last/Family Name: | | | | |
| 4. Pr | eferred Name: | | | |
| 5. E-mail Address: | | | | |
| 6. Mo | 6. Mobile Number: () | | | |
| 7. Bio | ography: please provide a brief biography of yourself in a separated word file | - | | |

Employment Information



| 1. | Title/Position: | | | |
|----|--|--|--|--|
| 2. | Company: | | | |
| 3. | Parent Company (if different from above): | | | |
| 4. | Business Address: | | | |
| 5. | Business Telephone Number: ()Ext | | | |
| 6. | Present Level of Responsibility: | | | |
| | □ Board Member / Chief Executive Officer / President / Managing Director □ Director/ Divisional General Manager / Regional or Country Manager/ General Manager □ Entrepreneur □ Functional Manager | | | |
| 7. | Present Area of Responsibility: | | | |
| | □ Communications □ Materials Management □ Distribution/Warehousing □ Legal □ Finance □ Production, Operations □ General Management □ PR, Investor Relations □ Human Resources □ Quality Management □ Information Systems □ Sales □ Manufacturing □ Strategic Planning □ Marketing □ Other: | | | |
| M | arketing Information | | | |
| 1. | How did you hear about the Ivey Business School? | | | |
| 2. | Would you be interested in receiving more information about other programs offered by Ivey? Please indicate below: | | | |
| | Ivey Executive Education Programs ☐ Yes / ☐ No | | | |
| | Executive MBA Programs | | | |



Payment Information

The program fee must be paid upon receipt of the invoice.

Please indicate the name required on the program invoice and to whom should it be addressed.

| 1. | Payment Method (Payment can be made by cheque or bank transfer): | |
|-------------------|---|---|
| | ☐ Cheque | |
| | ☐ Bank Transfer | |
| 2. | Invoicee Name: | |
| 3. | Invoicee Title: | |
| 4. | Invoicee Company Name (if any): | |
| 5. | Invoicee Address: | |
| 6. | Invoicee / Account Department Contact Number: (|) |
| Partic dollars | ipant fees must be submitted prior to commencement. Is (US\$1 = HK\$7.8) within 30 days of the receipt of the imply to program withdrawal and rescheduling. Please confidence. | nvoice. Cancellation and administration |
| Appl | icant Declaration | |
| | I hereby certify that the above information is a true recollinate provided all the required information. My signate agreement to enroll in the indicated program and other | ure on this application represents my |
| | Applicant Signature | Date |