# **Ivey Asia Executive Education Program**



## **Application Form**

## **Program Selection**

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

#### 1. Consortium Programs

	i.	Ivey Consortium Executive Program (ICE)					
		12-day program consists of 4 modules delivered over 4 months.					
		O Strategic Marketing Planning (September 18 - 20, 2017)					
		O Leadership and Management of Change (October 16 - 18, 2017)					
		O Optimizing Financial Performance to Achieve Business Success (November 13 - 15,	2017)				
		O Strategic Analysis and Action (December 11 - 13, 2017)					
	ii.	Accelerating Management Talent Program (AMT)  12-day program consists of 6 modules delivered over 7 months.					
		O Competitive Advantage Through Marketing (September 21 - 22, 2017)					
		O Leading High Performing Teams (October 19 - 20, 2017)					
		O Managing Financial Resources for Business Decisions (November 16 - 17, 2017)					
		O Strategic Planning and Execution (December 14 - 15, 2017)					
		O Leading Change (January 22 - 23, 2018)					
		O Innovation and Revitalization Through People (March 15 - 16, 2018)					
	iii. Elective Module						
		O Executive Presence (February 26 - 27, 2018)					
Aı	pplica	ant Information					
	• •	ote: all information will be kept confidential.					
1.	☐ Mr	r.					
2.	2. First Name (In Full):						
3.	B. Last/Family Name:						
4.	1. Preferred Name:						
5.	i. E-mail Address:						
6.	. Mobile Number: ()						
7.	Biography: 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:						
	<ul> <li>□ Board Member / Chief Executive Of</li> <li>□ Director/ Divisional General Manage</li> <li>□ Entrepreneur</li> <li>□ Functional Manager</li> </ul>		/ President / Managing Director egional or Country Manager/ General Manager				
7.	Present Area of Responsibility:						
	<ul> <li>□ Communications</li> <li>□ Distribution/Warehousing</li> <li>□ Finance</li> <li>□ General Management</li> <li>□ Human Resources</li> <li>□ Information Systems</li> <li>□ Manufacturing</li> <li>□ Marketing</li> </ul>		Quality Management Sales				
M	arketing Information						
1.	. How did you hear about the Ivey Business School?						
2.	Would you be interested in receiving more Please indicate below:	ould you be interested in receiving more information about other programs offered by Ivey? ease indicate below:					
	Ivey Executive Education Programs		Yes /   No				
	Executive MBA Programs		Yes / □ No				



# **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. Pos (US\$1 = HK\$7.8) within 30 days of the receipt of the invapply to program withdrawal and rescheduling. Please contact	voice. Cancellation and administration
Appl	icant Declaration	
	I hereby certify that the above information is a true record I have provided all the required information. My signature agreement to enroll in the indicated program and other	e on this application represents my
	Applicant Signature	 Date