



LEADERSHIP CENTER

Sponsored by:



Executive Orientation Confidential Participant Application

Name: _____

Title: _____ Permanent E-mail: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____

SIGNATURES

Applicant: _____ Date: _____

Supervisor*: _____ Date: _____

Supervisor Email & phone: _____

**Supervisor's signature represents endorsement of the candidate and commitment of the time for the applicant to attend 4 program sessions.*

Tuition: \$1,250

Includes all sessions, materials, and a graduation luncheon.

You will be contacted after review of your application.

Enrollment is limited to 15 participants

PLEASE SUBMIT APPLICATION AND RESUME NO LATER THAN

Friday, January 8, 2016 to:

Natalia Xiomara-Chieffo, Program Consultant, Leadership Center

900 Chapel Street, 10th Floor, New Haven, CT 06510

Phone: (203) 782-4341 | Fax: (203) 782-4329 | Email: leadership@gnhcc.com