

PROGRAM APPLICATION FORM

1/5



IMD Executive
Development Services
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Switzerland
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Fax: +41 21 618 07 15
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Please return this form as soon as possible to:

Please print in CAPITAL LETTERS

Program to be attended: _____

Dates of session: _____

Professional information

Gender: Male Female

Dr/Mr/Mrs/Ms: _____
FIRST NAME MIDDLE NAME FAMILY NAME

Preferred name: _____

Job title: _____

Company name: _____

Company address: _____

Postal code: _____ City: _____ Country: _____

Direct telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Central telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Direct fax: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Central fax: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Mobile telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Website: _____

E-mail: _____ IMPORTANT

Name of parent company: _____

Address of parent company: _____

Postal code: _____ City: _____ Country: _____

Key figures

Annual revenue (US\$)

Number of employees

Business Unit	Company	Parent Company

Is the company a family-owned business? Yes No

Personal information

Home address: _____

Postal code: _____ City: _____ Country: _____

Telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Fax: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

E-mail: _____

Mother tongue: _____ Date of birth: _____ DD/MM/YYYY Nationality(ies): _____

Competence in English: Fair Good Excellent

If available, circle appropriate: IELTS/TOEFL/other: _____ Result/Score: _____

Education

Degree or qualification and speciality

Dates
MONTH-YEAR TO MONTH-YEAR

Institution and location

Which management programs have you attended?

Program name	Year and duration	Institution and location

Present level of responsibility

- | | |
|--|--|
| <input type="checkbox"/> Director of board, chief executive officer, president | <input type="checkbox"/> Middle management, manager of function |
| <input type="checkbox"/> Senior management, director of function | <input type="checkbox"/> Junior management |
| <input type="checkbox"/> General manager, divisional general manager and/or manager with national responsibility | <input type="checkbox"/> Other: _____
<small>PLEASE EXPLAIN</small> |

Areas of expertise (Please indicate your level: **S**-Strong, **M**-Moderate, **N**-None)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> General Management | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Sales | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Distribution & Warehousing | <input type="checkbox"/> Production & Operations | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Accounting & Control | <input type="checkbox"/> Legal | <input type="checkbox"/> Human Resources & Organization | <input type="checkbox"/> IS & IT |
| <input type="checkbox"/> Financial Analysis | <input type="checkbox"/> Materials Management | <input type="checkbox"/> R&D | <input type="checkbox"/> Communications |

Present area of responsibility

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> General Management | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> R&D | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Legal | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> IS & IT | <input type="checkbox"/> Technology | <input type="checkbox"/> Human Resources & Organization | <input type="checkbox"/> Distribution & Warehousing |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Materials Management | <input type="checkbox"/> Other: _____
<small>PLEASE EXPLAIN</small> |

Number of employees you are directly responsible for: _____

Your direct budget responsibility (US\$) Revenues: _____ Costs: _____

Employment record

Please list your recent jobs, starting with your previous position.

Company name	Industry sector	Job title	Dates <small>MONTH-YEAR TO MONTH-YEAR</small>

Years of full-time business experience at start of program: _____

Description of career history

Please provide a brief description of your career history to date, your current duties and reporting responsibilities, and your organization (including size and product lines or services). This should be no more than 10 lines and should cover key aspects only. This information will be distributed to your fellow participants.

Main challenges/Current issues

Please briefly indicate some of the main challenges you personally confront in your business.

Please state two personal objectives for attending this program, as well as your organization's objectives for sponsoring you.

Personal objectives

Organization's objectives

In what ways do you believe you can contribute to this program?

Please indicate the industry sector in which your company is primarily involved

Agriculture, Forestry and Fishing

- 0110 Agriculture, Agricultural Services and Fishing
- 0770 Environmental Services
- 0850 Forestry

Mining

- 1010 Metal and Mineral Mining, Except Coal
- 1310 Crude Petroleum, Gas and Oil Extract, Coal Mining

Building and Construction

- 1500 Building and Construction
- 1510 Building Maintenance Services

Manufacturing

- 2010 Food and Beverage
- 2111 Tobacco Products
- 2210 Textile, Clothing, Leather
- 2400 Lumber and Wood Products
- 2600 Paper, Paper Packaging and Paper Products
- 2620 Packaging other than Paper
- 2800 Chemicals – other than Petro, Agro or Pharma
- 2830 Chemicals – Pharmaceuticals, Cosmetics, Toiletries
- 2870 Chemicals – Agricultural, Organic, Biological
- 2900 Chemicals – Petroleum and Plastic Products
- 2950 Tires and other Rubber Products
- 3200 Stone, Clay and Glass Products
- 3300 Metal Products
- 3350 Weapons, Defense, Arms
- 3400 Instruments – Medical, Optical, Tools, etc.
- 3500 Industrial Machinery and Equipment
- 3510 Cables
- 3550 Electric and Electronic Equipment
- 3570 Computer Hardware

- 3600 Photo Products, Tapes, Video and other Supplies
- 3710 Motor Vehicles
- 3720 Aeronautics, Aircraft
- 3730 Shipbuilding
- 3940 Toys
- 3990 Miscellaneous Manufacturing Industries

Transportation Services

- 4000 Shipping
- 4010 Railroad Transportation
- 4200 Trucking and Warehousing
- 4420 Water Transportation
- 4421 Shipowners
- 4500 Air Transportation
- 4712 Freight Transportation
- 4990 Tourism

Trade

- 5000 General Retail and Wholesale Trade
- 5010 Retail
- 5942 Bookshops

Finance, Insurance and Real Estate Services

- 6010 Banks
- 6050 Venture Capital Services
- 6100 Financial Services
- 6230 Security and Commodity Institutions and Brokers
- 6300 Insurance Companies and Brokers
- 6350 Surety Insurance
- 6500 Real Estate
- 6800 Accounting, Auditing, Tax Preparation
- 6850 Financial Consultants
- 6900 Holding Companies

Other Services

- 7010 Hotel and Restaurant
- 7300 Advertising and Public Relations
- 7350 Printing and Publishing
- 7360 Music and Video Recording, Motion Pictures
- 7370 Programming, Software, Computer Related Services
- 7373 Multimedia
- 7375 Internet (E-commerce, M-commerce)
- 7390 Scientific Research
- 7392 Management and other Consultants
- 7800 Entertainment, Amusement and Recreation Services
- 8000 Health and Medical Services
- 8100 Legal Services
- 8200 Educational Services, Schools, Universities
- 8230 Libraries
- 8910 Engineering Services
- 8920 Telecommunications

Public Services

- 9000 Public Organizations, Governments, Government Depts
- 9620 Postal and Telecommunications Services
- 9630 Water, Sewage and Sanitary Services
- 9635 Radio and Television Broadcasting

Miscellaneous

- 9992 Family Business
- 9995 Conglomerate
- 9999 Not Available

How did you hear about this program?

Please indicate your: Main source = check one please / Other sources= multiple selection possible

Other sources <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> IMD Advertisement – Publication name: _____ <input type="checkbox"/> Brochure received directly from IMD: _____ <input type="checkbox"/> E-mail received directly from IMD: _____ <input type="checkbox"/> IMD Website: _____ <input type="checkbox"/> IMD Wednesday Webcast: _____ <input type="checkbox"/> IMD Webletter: _____ <input type="checkbox"/> Other Internet sources (Which?): _____ <input type="checkbox"/> External educational directory (Name?): _____	Other sources <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Your HR Manager (Name?): _____ <input type="checkbox"/> Boss/line Manager (Name?): _____ <input type="checkbox"/> Direct contact with an IMD representative: _____ <input type="checkbox"/> Recommended by a past participant/alumnus: _____ <input type="checkbox"/> IMD Newsletter, Magazine, etc.: _____ <input type="checkbox"/> IMD Perspectives for Managers: _____ <input type="checkbox"/> Press article, editorial – Publication name: _____ <input type="checkbox"/> Other source – Please specify: _____
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Sponsoring executive

Dr/Mr/Mrs/Ms: _____
FIRST NAME MIDDLE NAME FAMILY NAME

Job title: _____

Company name: _____

Company address: _____

Postal code: _____ City: _____ Country: _____

Direct telephone: _____
INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Central telephone: _____
INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Direct fax: _____
INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Central fax: _____
INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

E-mail: _____

IMPORTANT

Executive responsible for management development in your organization

Dr/Mr/Mrs/Ms: _____
FIRST NAME MIDDLE NAME FAMILY NAME

Job title: _____

Company name: _____

Company address: _____

Postal code: _____ City: _____ Country: _____

Direct telephone: _____ Central telephone: _____
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E-mail: _____
IMPORTANT

Payment

Please do not send the fee with this application. The fee should be paid within 30 days of receiving our invoice, and never later than the start of the program. **If your application is accepted, in whose name should the invoice for the program fee be issued, and to whom should it be addressed?** Should this section not be completed, then the invoice will automatically be issued in the name of the participant and addressed to his/her professional address.

Dr/Mr/Mrs/Ms: _____
FIRST NAME MIDDLE NAME FAMILY NAME

Job title: _____

Company name: _____

Company address: _____

Postal code: _____ City: _____ Country: _____

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E-mail: _____
IMPORTANT

IMD OPEN PROGRAMS CANCELLATION AND TRANSFER POLICY

IMD must be notified in writing of all cancellations and transfers. If you are admitted to a program, but find that you are unable to attend, you have the following cancellation and transfer options:

Up to 6 weeks before program start

Cancellation: You receive a full refund of the program fee. **Transfer:** You may transfer to the next available session with no transfer fee. *Note: IMD programs tend to be fully booked well in advance. Space may not be available in a later session.*

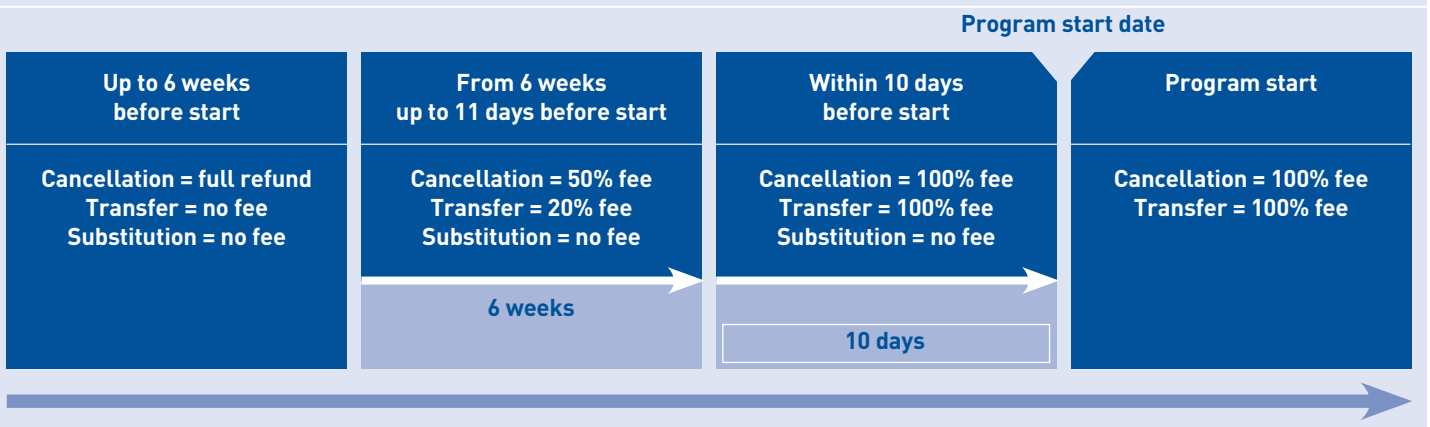
From 6 weeks up to 11 days before program start

Cancellation: You incur a 50% cancellation fee. **Transfer:** You incur a 20% transfer fee.

Within 10 days of program start

Cancellation: You incur a 100% cancellation fee. **Transfer:** You incur a 100% transfer fee.

Substitution: A participant can be substituted on the same program session without incurring any fees. The substitute needs to apply and be admitted. *Note: Once you have paid the program fee, if you intend to transfer but do not attend another program within 24 months, you forfeit the program fee.*



Additional important information

Please complete the sections below to finalize your application form.

Medical insurance coverage

IMD requires all participants to maintain insurance for medical care, illness, and injury and is not responsible for medical expenses incurred while attending a program. Please confirm that your private insurance provides coverage valid in Switzerland and/or in other countries where the program is delivered. Yes

Emergency contact information

IMD requires you provide the contact details of an English speaking person to reach in case of an emergency during a program.

Dr/Mr/Mrs/Ms: _____
FIRST NAME MIDDLE NAME FAMILY NAME

E-mail: _____

Telephone: _____ Mobile telephone: _____
INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Relationship: _____

Disclosure of the information is voluntary, but failure to provide this information may result in IMD's inability to notify the contact in a timely manner. IMD disclaims any liability or responsibility in such instances.

Audiovisual materials

In our audiovisual communication materials, we like to convey something of the learning experience at IMD by showing previous participants in a classroom/campus environment. Photographers and camera crews are therefore often present on different programs.

I grant IMD, its agent or assignee the full discretionary right to use, grant (sub)licenses and assign, for marketing, PR and educational purposes, any audio-visual material in which I am featured (including my appearance, voice and any content) during my program at IMD. This includes, but is not limited to still pictures (photography), video and/or audio recordings made on campus or on the occasion of activities off-campus. Yes

If accepted, I understand that I must be completely free of professional duties while attending this program.

I must attend all scheduled sessions and activities and, when included, complete all required program pre-work. Yes

Signature of applicant: _____ Date: _____
DD/MM/YYYY