



# APPLICATION FOR ADMISSION

Please return this form to  
Fax +49 (0)30 212 31-3131; email [programs@esmt.org](mailto:programs@esmt.org), online application [www.esmt.org](http://www.esmt.org)

Please take some time to complete the form, typing or printing legibly. The application must be fully completed and signed. The information will be used solely for program-specific purposes, e.g. briefing of faculty, monitoring class composition, participant profiles and statistical evaluations. Thank you in advance for your kind cooperation.

## Program to be attended

Name \_\_\_\_\_ Dates \_\_\_\_\_

## General Information

Ms  Mrs  Mr Academic title \_\_\_\_\_

First name(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Last name \_\_\_\_\_ Phone \_\_\_\_\_

Job title/function \_\_\_\_\_ Mobile phone \_\_\_\_\_

Company \_\_\_\_\_ Fax \_\_\_\_\_

Department \_\_\_\_\_

Street \_\_\_\_\_ Central phone \_\_\_\_\_

Postal code/city \_\_\_\_\_ Website \_\_\_\_\_

Country \_\_\_\_\_

Parent company \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_

Street \_\_\_\_\_ Fax \_\_\_\_\_

Postal code/ city \_\_\_\_\_

Country \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Mother tongue \_\_\_\_\_

## Person in charge of executive development/your HR contact

Name \_\_\_\_\_ Job title \_\_\_\_\_

Email \_\_\_\_\_

## How did you hear about this program?

Recommendation by \_\_\_\_\_  Human Resource Department  
 Print ad  Mailing  ESMT Website  Brochure/ catalogue  other \_\_\_\_\_



**Education**

Degree or qualification	Dates (MM/YY-MM/YY)	Institution and location
_____	_____	_____
_____	_____	_____

**Summary of career history (excluding current position)**

Company's Name	Dates (MM/YY – MM/YY)	Job title	Industry sector
_____	_____	_____	_____
_____	_____	_____	_____

**Present level of responsibility**

<input type="checkbox"/> Director of board, CEO, President	<input type="checkbox"/> Senior management	<input type="checkbox"/> Director of function
<input type="checkbox"/> General management (divisional, national, other responsibility)	<input type="checkbox"/> Middle management	<input type="checkbox"/> Manager of function
	<input type="checkbox"/> Junior management	<input type="checkbox"/> other _____

**Present area of responsibility**

<input type="checkbox"/> General Management	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Technology	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Legal	<input type="checkbox"/> R&D
<input type="checkbox"/> Human Resources & OD	<input type="checkbox"/> Materials Management	<input type="checkbox"/> Marketing	<input type="checkbox"/> Finance	<input type="checkbox"/> Sales	<input type="checkbox"/> IS & IT
<input type="checkbox"/> Distribution/Warehousing	<input type="checkbox"/> Quality Management	<input type="checkbox"/> Communications	<input type="checkbox"/> other _____		

Please specify your **main/current responsibilities** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your **personal objectives** for enrolling in this program \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your **organization's objectives** for sponsoring you \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Billing** Please send an invoice to  private address  office address  different address (below)

**Invoice Address**

Title/Name _____	Company _____
Department _____	Street _____
Postal code _____ City _____	Country _____
Email _____ Phone _____	



### Cancellation Policy

Where the participant is unable to attend, and where the contracting company or organization is not in a position to transfer his/her place to another person, the following cancellation charges apply: registrations cancelled 42 days or more before the event will not be charged; cancellations received fewer than 42 but more than 30 days before the event will be charged at 25% of tuition fees; registrations cancelled fewer than 31 but more than 14 days before the event will be charged at 50% of tuition fees; registrations cancelled 14 days before the event or fewer will be charged at 100% of tuition fees; 100% cancellation charges also apply in case of failure to attend the program without prior notice.

ESMT may cancel events at short notice if the minimum attendance is not met or any other complications occur which are beyond ESMT's control (e.g. illness of the speaker/trainer, force majeure). In such cases, ESMT will seek to establish an alternative date. If ESMT cancels the event, fees which have already been paid will be reimbursed. Further legal claims, e.g. reimbursement of job absenteeism, travel costs, or hotel expenditures, will not be met.

Because our educational processes build on extensive group work and in-class participation, admission to the program requires full attendance.

### Acceptance

With the legally binding signature of the application form, the Contracting Partner confirms the acceptance of the above terms and conditions and agrees to pay any tuition fees or cancellation fees resulting from this agreement.

Signature \_\_\_\_\_

(Contracting partner / company stamp)

Place / date \_\_\_\_\_

The admissions team will be happy to assist you with further inquiries regarding programs and the application procedure.

Please call +49 (0)30 212 31-3130

Если у Вас возникнут вопросы о наших программах или процессе заполнения регистрационных форм, мы будем рады Вам помочь.

Вы можете звонить нам по телефону +49 (0)30 212 31-1163