

EMERGING GIANTS VERSUS STRUGGLING GIANTS

AN EXCLUSIVE AMP ALUMNI PROGRAM



HARVARD
BUSINESS
SCHOOL

EXECUTIVE EDUCATION

REGISTRATION FORM

Please provide as much information as possible to ensure the accuracy of your alumni records.

Please type or print legibly.

PERSONAL DATA

NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____ MALE FEMALE

COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: _____
Month/Day/Year

TITLE OR POSITION: _____ DIVISION *(if applicable)*: _____

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____
(P.O. boxes accepted outside U.S.) Street City State/Country Zip Code/Postal Code

ORGANIZATION TELEPHONE: _____ FAX: _____

ORGANIZATION WEBSITE: _____ EMAIL: _____

YOUR HOME ADDRESS: _____
Street City State/Country Zip Code/Postal Code

HOME TELEPHONE: _____

PREFERRED MAILING ADDRESS: _____ BUSINESS ADDRESS HOME ADDRESS

PLEASE RETURN THIS REGISTRATION FORM:

BY MAIL:

ADMISSIONS COMMITTEE
Emerging Giants versus Struggling Giants
Harvard Business School
Soldiers Field
Boston, MA 02163-9986 U.S.

ONLINE:

Applications may be submitted
online at: www.exed.hbs.edu

BY FAX:

ADMISSIONS COMMITTEE
Emerging Giants versus Struggling Giants
Fax: +1-617-496-1731

For questions on the status of your submitted application, please call +1-617-495-6226.

CONFIDENTIAL: The information you provide below is for use by the Admissions Committee only.

CANCELLATION POLICY

Payment is due within 30 days of the invoice date. Cancellations or deferrals must be submitted in writing more than 30 days before the program start date to receive a full refund. Due to program demand and the volume of preprogram preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of one-half of the program fee. Requests received within 14 days of the program start date are subject to full payment of the program fee.

Upon acceptance, payment is required prior to the program start date.

SIGNATURE OF APPLICANT: _____ DATE: _____

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

BILLING INFORMATION

An invoice will be emailed to the individual indicated below.

NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

TITLE OR POSITION: _____

COMPANY/ORGANIZATION NAME: _____

COMPANY/ORGANIZATION ADDRESS: _____
(P.O. boxes accepted outside U.S.) Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ FAX: _____ EMAIL: _____

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