



GLOBAL CEO PROGRAM FOR CHINA

APPLICATION FOR ADMISSION

- Please answer all questions. Application must be fully completed and signed before review by the Admissions Committee.
- Please type or print legibly.

GENERAL INFORMATION

NAME:	Name (Pinyin):		
<i>Last (family)</i>	<i>First</i>		
NICKNAME/FAMILIAR NAME FOR NAME BADGE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NAME IN CHINESE <i>(if applicable)</i> :			
COUNTRY OF CITIZENSHIP:		DATE OF BIRTH:	
		<i>Month/Day/Year</i>	
TITLE OR POSITION:		DIVISION <i>(if applicable)</i> :	
COMPANY/ORGANIZATION NAME:			
YOUR COMPANY'S CHINESE NAME <i>(if applicable)</i> :			
<i>(Preferably, written in Chinese characters)</i>			
COMPANY/ORGANIZATION ADDRESS:			
<i>(P.O. boxes accepted outside U.S.) Street</i>		<i>City</i>	<i>State/Country</i> <i>Zip Code/Postal Code</i>
COMPANY/ORGANIZATION TELEPHONE:		FAX:	
COMPANY/ORGANIZATION WEBSITE:		EMAIL:	
ULTIMATE PARENT COMPANY:			
YOUR HOME ADDRESS:			
<i>Street</i>		<i>City</i>	<i>State/Country</i> <i>Zip Code/Postal Code</i>
HOME TELEPHONE:		MOBILE PHONE:	
PREFERRED MAILING ADDRESS:		<input type="checkbox"/> BUSINESS ADDRESS <input type="checkbox"/> HOME ADDRESS	

PLEASE RETURN THIS APPLICATION:

Harvard Center Shanghai

Ms. Vivian Friedman
Client Service Manager
5th Floor HSBC Building
Shanghai International Financial Centre
No. 8 Century Avenue 200120
Email: harvardchina@hbs.edu
Telephone: +86-21-3852 3888

Harvard Business School

Mr. Jason Qian
Assistant Director, Global Markets
HBS Executive Education
Tel: +1 (617) 384 5867
Fax: +1 (617) 496 4345
Email: jqian@hbs.edu

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

ORGANIZATION

	YOUR ULTIMATE PARENT COMPANY	YOUR COMPANY/DIVISION
Products/Services:		
Annual Sales Volume(in RMB):	□□□,□□□,□□□,□□□	□□□,□□□,□□□,□□□

The company's total assets: _____ Public Company: Yes No

Nature of Company: State-owned Enterprise Privately-run/Non-state Enterprise
 Sino-foreign Joint Venture Wholly-owned Foreign Enterprise Government

Number of Employees: _____

How many employees are under your direct supervision? _____

How many reporting levels are above you, including the CEO of the parent company? _____

What is the title of the person to whom you report? _____

Please describe your organizational hierarchy or provide an organizational chart. _____

PLEASE CHECK YOUR CURRENT INDUSTRY (check one only):

Manufacturing

- Aerospace/Automotive/Transportation Equipment
- Agriculture, Food, and Beverage
- Biotechnology
- Chemicals
- Consumer Products
- Energy/Extractive Minerals
- Heavy Capital Intensive/Raw Materials Suppliers
- High Technology/Electronics
- Highly Diversified Manufacturing and Nonmanufacturing
- Machinery and Equipment Manufacturers
- Medical/Healthcare Devices
- Paper and Forest Products
- Pharmaceuticals
- Software
- Textiles
- Other Manufacturing
specify: _____

Nonmanufacturing

- Accounting
- Advertising
- Advocacy/Legal Services
- Broadcasting
- Commercial Banking
- Computer-Related Services
- Construction
- Consulting
- Education
- Engineering
- Entertainment/Leisure
- Environmental Conservation
- Food Service/Lodging
- Foundation/Grantmaking
- General Government
- Health Services
- Housing and Urban Development
- Insurance and Diversified Financials
- Investment Banking/Brokerage

- Investment Management
- Military
- Printing/Publishing
- Real Estate
- Retailing/Wholesaling
- Social Services
- Telecommunications
- Trading
- Transportation
- Utilities
- Other Communications

specify: _____

Other Nonprofit

specify: _____

Other Services

specify: _____

WHAT FUNCTION BEST DESCRIBES YOUR POSITION? (check one only):

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting/Control | <input type="checkbox"/> Logistics | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Manufacturing/Operations | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medicine | <input type="checkbox"/> Sales |
| <input type="checkbox"/> General Management | <input type="checkbox"/> Planning | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Product Development | <input type="checkbox"/> Other |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Project Management | <i>specify:</i> _____ |
| <input type="checkbox"/> Law | <input type="checkbox"/> Public Relations | _____ |

ANNUAL COMPENSATION (INCLUDING BONUS) IN RMB: _____

EDUCATION

NAME AND ADDRESS OF SCHOOL	MAJOR	DEGREE	YEARS ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM MONTH/YEAR	TO MONTH/YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER TRAINING

SCHOOL OR TRAINING COMPANY	PROGRAM	DATE(S) AND YEAR(S) ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION AND/OR BUSINESS UNIT.

2. PLEASE DESCRIBE YOUR CURRENT RESPONSIBILITIES, INCLUDING YOUR LEVEL IN THE ORGANIZATION.

3. PLEASE EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM. ALSO DESCRIBE WHAT YOU THINK OTHER PROGRAM PARTICIPANTS MAY LEARN FROM YOU (E.G., PERSPECTIVES, SKILLS, EXPERTISE).

4. WHAT ARE THE MOST FORMIDABLE CHALLENGES FACING YOUR ORGANIZATION AND/OR BUSINESS UNIT?

HOW DID YOU LEARN ABOUT THIS PROGRAM?

- Direct mail package HBS website 21st Century Business Herald China Entrepreneur CEIBS website
- Email notification Harvard Business Review China Business News ZHESHANG Other (*specify*):
-

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: _____

In accordance with Harvard University policy, Harvard Business School does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.