

CONFIDENTIAL: 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 U.S. dollars): \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Number of Employees: _____	_____
How many reporting levels are above you, including the chief executive officer 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):

- Accounting/Control
- Engineering
- Finance
- Fundraising
- General Management
- Human Resources
- Information Services
- Law
- Logistics
- Manufacturing/Operations
- Marketing
- Medicine
- Planning
- Product Development
- Project Management
- Public Relations
- Purchasing
- Religion
- Research & Development
- Sales
- Teaching
- Other
specify: _____

ANNUAL COMPENSATION (INCLUDING BONUS) IN U.S. DOLLARS (check one only):

- <\$100,000
- \$101,000–\$150,000
- \$151,000–\$200,000
- \$201,000–\$300,000
- \$301,000–\$500,000
- >\$500,000

WHAT FACTOR HAD THE MOST INFLUENCE ON YOUR DECISION TO APPLY TO THIS PROGRAM?

- A previous participant in an HBS Executive Education program An MBA graduate of HBS Human resource department
- Participant Name _____ Division Head or Manager Other (specify): _____
- Program/Year _____ HBS faculty _____
- HBS Executive Education Corporate Relations

IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

- BusinessWeek Harvard Business Review strategy+business Other (specify): _____
- The Economist The New Yorker

IF YOU SAW AN ONLINE ADVERTISEMENT, PLEASE SPECIFY WHERE:

- BusinessWeek Financial Times LinkedIn The Wall Street Journal
- The Economist Harvard Business Online strategy+business 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.

SPONSORING INFORMATION

If you are applying for *High Potentials Leadership Program* or *Leadership Reflections and Insights*, your application must be accompanied by a separate Sponsoring Statement from a senior corporate executive. If you are applying for *Leadership Best Practices* or *Leadership for Senior Executives*, please have a senior executive from your organization complete the following:

NAME OF ORGANIZATION: _____

nominates this leader for the _____ program(s). It is understood that this executive, if admitted, will be completely free of official duties while participating in the program. It is also understood that this executive is proficient in fast-paced, conversational English.

SIGNATURE OF SPONSORING EXECUTIVE: _____ DATE: _____

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

TITLE OR POSITION: _____

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

TELEPHONE: _____ FAX: _____ EMAIL: _____

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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