



**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:		

What is the total of real estate assets under management or owned by your company? \_\_\_\_\_

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 and Apparel
- 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"/> Fundraising              | <input type="checkbox"/> Medicine              | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Architect                      | <input type="checkbox"/> General Management       | <input type="checkbox"/> Planning              | <input type="checkbox"/> Sales                  |
| <input type="checkbox"/> Broker                         | <input type="checkbox"/> Human Resources          | <input type="checkbox"/> Product Development   | <input type="checkbox"/> Teaching               |
| <input type="checkbox"/> Engineering                    | <input type="checkbox"/> Information Services     | <input type="checkbox"/> Project Management    | <input type="checkbox"/> Other Services         |
| <input type="checkbox"/> Finance: General               | <input type="checkbox"/> Law                      | <input type="checkbox"/> Public Relations      | specify: _____                                  |
| <input type="checkbox"/> Finance: Investment Management | <input type="checkbox"/> Logistics                | <input type="checkbox"/> Purchasing            |   |
| <input type="checkbox"/> Finance: Lending               | <input type="checkbox"/> Manufacturing/Operations | <input type="checkbox"/> Real Estate Developer |   |
| <input type="checkbox"/> Finance: Underwriting/Advising | <input type="checkbox"/> Marketing                | <input type="checkbox"/> Religion              |   |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <\$100,000          | <input type="checkbox"/> \$151,000–\$200,000 | <input type="checkbox"/> \$301,000–\$500,000 |
| <input type="checkbox"/> \$101,000–\$150,000 | <input type="checkbox"/> \$201,000–\$300,000 | <input type="checkbox"/> >\$500,000          |

# 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 <i>Month/Year</i>	TO <i>Month/Year</i>

**PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE:** \_\_\_\_\_

Please expand on your answers with additional pages as required.

**PLEASE DESCRIBE YOUR ORGANIZATION AND ITS MAKEUP** (e.g., U.S. or foreign; retail, office, industrial, hotel, residential; local, regional, national, or international; publicly traded or privately held; closely controlled or wide ownership distribution), **FIVE-YEAR DEVELOPMENT OUTLOOK, AND PRIMARY ORIENTATION WITH RESPECT TO THE INDUSTRY** (e.g., developer; property owner; management company; investment advisor; investment firm).

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

**PLEASE DESCRIBE YOUR OWNERSHIP POSITIONS (if any) ON PROJECTS.**

**HAVE YOU HAD ANY PERSONAL LIABILITY ON LOANS TO PROJECTS OR TO YOUR COMPANY? IF SO, PLEASE DESCRIBE IN GENERAL TERMS THE NATURE OF YOUR EQUITY INTEREST IN YOUR OPERATING COMPANY** (e.g., sole stockholder, controlling stockholder, minority stockholder) **AND YOUR TYPICAL EQUITY INTEREST IN RECENT, NEWLY DEVELOPED, OR ACQUIRED PROJECTS.**

**PLEASE EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM. WHAT ARE YOUR PERSONAL CAREER ASPIRATIONS FOR THE NEXT FIVE YEARS?**

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

# EDUCATION

DEGREE (check only highest level attained):  
 High School     Two-Year College     BA/BS     MA/MS     MBA     Harvard MBA  
 JD/Law     PhD     MD     Foreign Diploma     Other

UNIVERSITY: \_\_\_\_\_ YEAR: \_\_\_\_\_

**HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?**

PROGRAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**HOW DID YOU LEARN ABOUT THIS PROGRAM?**

- Direct mail package
- HBS Executive Education website
- Online advertisement
- Social media
- HBS email notification
- Internet search
- Print advertisement
- Other (specify): \_\_\_\_\_

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

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

- Commercial Property News
- NAIOP
- Pensions & Investments
- Other (specify): \_\_\_\_\_
- Institutional Investor
- National Real Estate Investor
- WSJ

**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**

Harvard Business School Executive Education requires that a senior executive within the organization sponsor the applicant. (Please note that the sponsor must be someone other than the applicant.)

NAME OF ORGANIZATION: \_\_\_\_\_

nominates this senior manager 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 also is 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: \_\_\_\_\_

*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.*