

CEO ROUNDTABLE APPLICATION & PROFILE

Information provided on this form will be shared with members of your CEO Roundtable group.

This application may also be completed online at www.thepartnership.org



Date: _____

Applicant Name: _____

Title: _____

Company Name: _____

Street Address: _____

City/State: _____ Zip: _____

Mailing Address (if different): _____

City/State: _____ Zip: _____

Phone: (____) _____

Fax: (____) _____

Email: _____

Website: _____

CEO ROUNDTABLE

To be eligible for the Partnership's CEO Roundtable program applicants must be:

- **A current Partnership member**
- **The top-level executive at your company** (regardless of title)
- **An employer of a minimum of five full-time individuals**

your COMPANY

Type of Company (select one):

- Manufacturing
- Service
- Retail
- Professional
- Wholesale
- Other: _____

Year Company was founded: _____

Brief description of Products/Services: _____

What are your major company goals?

Approximate Annual Company Revenue (select one):

- Up to \$500,000
- \$500,000 - \$2 million
- \$2 - \$5 million
- \$5 - \$10 million
- \$10 - \$25 million
- Over \$25 million

Total Number of Employees in the Buffalo Niagara Region:

Fulltime: _____

Part-time: _____

PRIOR ROUNDTABLE EXPERIENCE

How did you hear about the CEO Roundtable program?

Did you attend a CEO Roundtable Informational Meeting at the Partnership?

- No
- Yes, (month) _____

Have you participated in any other Roundtable program(s)?

- No
- Yes, _____

*** There will be a \$500 Annual Program Fee once application is accepted.**

your ROUNDTABLE

What experience and areas of expertise do you offer a CEO Roundtable? _____

What major business challenge(s) would you like to resolve by joining a CEO Roundtable? _____

Please indicate your 1st and 2nd choices for meeting times and locations:

- | TIME | LOCATION |
|---|-------------------------------------|
| <input type="checkbox"/> Early a.m. (7:30 - 9:00) | <input type="checkbox"/> Downtown |
| <input type="checkbox"/> Noon | <input type="checkbox"/> Northtowns |
| <input type="checkbox"/> After 5:00 p.m. | <input type="checkbox"/> Southtowns |

Please indicate any day of the week NOT convenient for your Roundtable meetings (first Tuesday, last Thursday, etc.)

Any special requests? _____

Municipality in which you live _____

EDUCATION & PROFESSIONAL AFFILIATIONS

High School: _____

University/College name: _____

Degree: _____

Major: _____

Year: _____

Other training, degrees or certifications:

Professional affiliations/ organizations you belong to:

EXECUTIVE EXPERIENCE

How many years have you been the top-level executive at your current company? _____

Are you the owner? Yes, _____% No

What previous job history do you have with your current company? _____

Please highlight your executive experience PRIOR to your current company: _____

PERSONAL INFORMATION

Family:

Outside interests/hobbies:



Return this application with your company literature to:

The Buffalo Niagara Partnership

Heidi J. Bugenhagen

665 Main Street, Suite 200

Phone: (716) 852-7100 ext. 447 Fax: (716) 852-2761