



PLEASE COMPLETE APPLICATION IN FULL

Date: _____
Applicant Name: _____
Title: _____

Company Name: _____
Street Address: _____
City/State: _____ Zip: _____
Mailing Address (if different): _____
City/State: _____ Zip: _____
Phone: (____) _____
Fax: (____) _____
Email: _____
Website: _____

LEADERSHIP FORUM

To be eligible for the Partnership's Leadership Forum 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 Leadership Forum program?

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

- No
- Yes, _____

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

What experience and areas of expertise do you offer a Leadership Forum?

What major business challenge(s) would you like to resolve by joining a Leadership Forum?

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 Leadership Forum meetings (first Tuesday, last Thursday, etc.)

Any special requests? _____

Municipality in which you live _____

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:

INTERNAL USE ONLY
BNP DD _____
PRM _____ (42)
Sign Off _____

Return this application with your company literature to:
The Buffalo Niagara Partnership
Renee A. Filip- rfilip@thepartnership.org
665 Main Street, Suite 200
Phone: (716) 852-7100 ext. 430 Fax: (716) 852-2761

EDUCATION & PROFESSIONAL AFFILIATIONS

High School: _____

University/College name: _____

Degree: _____
Major: _____
Year: _____

Other training, degrees or certifications: _____

Professional affiliations/ organizations you belong to: _____

PERSONAL INFORMATION

Family: _____

Outside interests/hobbies: _____

