

APPLICATION FORM



Your application will be held in close confidence by the SPC 3.0 Course Selection Committee. After review of your application, you will be contacted by a member of the committee and further details will be provided. Please do not send tuition payment with this application. Upon acceptance into the Strategic Planning Course, you will be asked to provide us with a headshot photo, 50-word biography and full tuition payment to reserve your spot. You can scan and email this form to info@spc30.com.

Name: _____ Title: _____ Company Name: _____

Business Address: _____ State: _____ Zip: _____

Business Phone: _____ E-mail: _____

Web site Address: _____

Home Address: _____ State: _____ Zip: _____

Spouse's Name: _____

Professional Associations: _____

Type of Business: Manufacturing _____ Service _____ Construction _____ Wholesale _____ Retail _____

Distribution _____ Other: _____

Year Business Established: _____ Year You Joined Co.: _____

Company Products or Services: _____ Number of Employees: _____

Ownership Position (%): _____

Revenues 2020: _____ 2021: _____ 2022 (est): _____

Previous Employment History: _____

How did you hear about the course? _____

Who is your Principal:

Banker/Bank: _____

Attorney/Firm: _____

Accountant/Firm: _____

Give a brief statement of your reasons for participating in the Strategic Planning Course:
