



EXECUTIVE EDUCATION CONFIRMATION FORM
Executive Leadership Development Program
January 28 – February 28, 2007

Instructions: To hold your seat in the class, please complete this form, sign at the bottom, and return by **Friday December 15** to John Williams via fax at 617-496-6241 or via e-mail at john_williams@ksg.harvard.edu.

PARTICIPANT INFORMATION

Name _____
(Last/Family Name/Surname) (First/Given Name) (Middle Initial)

Name exactly as you would like it to appear on a nametag: _____

Title or Position _____

Organization _____

Office Address _____
(If applicable, please specify room number, mail stop or other identifiers.)

City _____ State _____ Postal Code _____

Country _____

Office Telephone _____ Office Fax _____

E-mail _____

Emergency Contact (Please list a person we may contact in case of emergency.)

Name _____ Email: _____

Home Phone _____ Business Phone _____

Do you have any physical conditions which should be considered in room or seating assignments?

Do you have any special medical or religious dietary restrictions?

Please indicate whether you are a smoker or not so that we can make the appropriate housing arrangements.

Smoker _____ Non-smoker _____

Gender: Male _____ Female _____

Please sign this form to confirm your attendance:

Signature: _____ Date: _____