

LEADERSHIP ESSENTIALS

Powered by LEAD Brevard

Enrollment Form – Leadership Essentials Class of 2020

Monthly Sessions: October 8, 2019; November 5, 2019; December 10, 2019;
January 21, 2020; February 25, 2020 and March 17, 2020
Graduation on Thursday, March 19, 2020 as an evening event

Session Time: *Arrival (7:30 – 8:00 AM)* 8:00 AM – 12 PM
Sessions One and Six (October and March) extended to 1:00 PM to include networking lunch onsite.

Session Location: The Center for Collaboration Community Room
(Space Coast Health Foundation building)
1100 N. Rockledge Blvd., Rockledge, FL 32955

PLEASE REVIEW ATTENDANCE REQUIREMENT (page 2)

Please legibly complete the enrollment form. All forms are confidential. Keep a copy for your records.

Name _____
(Last) (First) (M.I.)

Preferred name on badge (Nickname if applicable) _____ (for name badge)

Home street address: _____ City _____ Zip _____

Home phone: _____ Cell: _____

Home email (if you wish to receive information at this email) _____

Date of Birth _____ Male/Female _____ Race/Ethnicity _____

Emergency Contact _____
(Name) (Telephone Number)

Any physical limitations? If so please describe. _____

Medical Dietary Restrictions? (*select one*) None Vegetarian (eggs & dairy acceptable) Vegan (no eggs or dairy)

Gluten Free Food Allergies (*please list*) _____

Employer _____ Since _____

Business Mailing Address _____

City _____ State _____ ZIP _____

Business Phone _____ Email _____ Website _____

Type of Business _____ Title/Position _____

How did you learn about the Leadership Essentials program? _____

My expectations for the Leadership Essentials class of 2020 are *(list up to three expectations)*:

1. _____
2. _____
3. _____

ATTENDANCE REQUIREMENT:

If emergency/circumstances arise which prevent a participant from attending all or any portion of ONE SESSION, the participant may be excused from attending all or a portion of one session. If for any reason a class member misses TWO SESSIONS, he/she will not be eligible to graduate that program year.

STATEMENT OF COMMITMENT:

I understand the commitment required to participate in Leadership Essentials and will devote the time necessary to complete the program. This includes attendance at each of the six half-day program sessions and the Graduation Ceremony. If I am unable to comply with the requirements, I will voluntarily withdraw from the program. I understand that, in the interest of the class experience for all participants, any participant may be removed from the class if, in the opinion of LEAD Brevard, that participant's conduct is not conducive to the work of the group or there is a failure to meet participation requirements. I will be respectful of the program facilitators/presenters and my peers if/when accessing my mobile device for program related purposes. I further understand that tuition is NOT refundable in whole or in part after October 8, 2019.

Signature _____ Date _____

EMPLOYER AUTHORIZATION

I have approved the submission of this enrollment form, the time and financial commitment required to participate in this leadership skills development program.

Signature of Supervisor _____ Title _____

Supervisor Name (please print) _____ Date _____

Supervisor Phone _____ Supervisor Email _____

2020 Leadership Essentials PROGRAM TUITION (October 2019 – March 2020)

Tuition for Leadership Essentials: \$1,200.00

Tuition is due upon enrollment in order to reserve your seat in Leadership Essentials.

LEAD Brevard's receipt of a signed enrollment form or completion of the online enrollment form signifies commitment to the program. Tuition is due upon enrollment. Cancellation must be received on or before September 1st prior to the start of the program year for a full refund. After September 1st, a \$275.00 cancellation fee will be charged. After October 1st, a 50% tuition cancellation fee will be applied (\$600.00). Tuition is NOT refundable in whole or in part once sessions have begun (October 8, 2019).

Payment Methods (please select one):

CHECK: Check Enclosed

REQUEST AN INVOICE: \$1,200.00

CHARGE CREDIT CARD: VISA MasterCard American Express Discover

Account No. _____ Exp. date _____ Security code _____

Name on Card: _____

Signature: _____

Make checks payable to: **LEAD Brevard**

Please mail or email enrollment form to:

LEAD Brevard

123 Barton Blvd, Suite 101, Rockledge, FL 32955

E-Mail: KristenK@LEADBrevard.org



Working together to strengthen our community by inspiring people to lead.

For additional information, please call LEAD Brevard at 321.632.8222 or visit www.LEADBrevard.org