

# LEADERSHIP ESSENTIALS

Powered by LEAD Brevard

## Enrollment Form – Leadership Essentials Class 2021

**Monthly Sessions:** October 6, 2020; November 3, 2020; December 8, 2020;  
January 12, 2021; February 9, 2021 and March 9, 2021  
Graduation on Thursday, March 11, 2021 as an evening event

### Session Time

Networking 8:00 – 8:30 AM  
Content 8:30 AM – 12 PM

VIRTUAL/HYBRID PLATFORM PROGRAM DELIVERY UNTIL CDC/STATE/LOCAL GUIDELINES CHANGE \*  
On Site location - The Center for Collaboration Community Room  
(Space Coast Health Foundation)  
1100 N. Rockledge Blvd., Rockledge, FL 32955

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

---

---

### PERSONAL

Name \_\_\_\_\_

(First)

(Last)

(M.I.)

Your name as it should appear in writing (example: press release) \_\_\_\_\_

Home street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Age Range  21 – 29  30 – 39  40 – 49  50 – 59  60 – 69  70+

Gender Identity \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name) (Telephone Number)

- If you have a disability and require accommodation in order to fully participate in this program, please check here. You will be contacted by a LEAD Brevard staff member to discuss your specific needs (example: visual, hearing, mobility).

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

Gluten Free  Food Allergies (*please list*) \_\_\_\_\_

### EMPLOYMENT

Present Employer \_\_\_\_\_ Date Began \_\_\_\_\_

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 2021 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.

**\* COVID STATEMENT AND WAIVER AS ATTACHMENTS**

**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 6, 2020.

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 \_\_\_\_\_

## 2021 Leadership Essentials PROGRAM TUITION (October 2020 – March 2021)

**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 20<sup>th</sup> prior to the start of the program year for a full refund. After September 20<sup>th</sup>, a \$275.00 cancellation fee will be charged. After October 1<sup>st</sup>, a 50% tuition cancellation fee will be applied (\$600.00). Tuition is NOT refundable in whole or in part once sessions have begun (October 6, 2020).

**Payment Type:**

Check Enclosed Make check payable to: LEAD Brevard

Invoice me *(please select the amount to be invoiced above)*

Charge my:             VISA                       MasterCard             American Express             Discover  
*(please select one and select the amount to be charged above)*

Option to include processing fee *(select one)*:             YES             NO  
2.9% + .30            AMEX Surcharge 1.0%

Account No. \_\_\_\_\_ Exp. date \_\_\_\_\_ Zip code \_\_\_\_\_ Security code \_\_\_\_\_

Signature \_\_\_\_\_ Name on card: \_\_\_\_\_

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: [Candice@LEADBrevard.org](mailto:Candice@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](http://www.LEADBrevard.org)