

ORMOND LEADERSHIP SEMINAR VII

Enrollment Form



Please Reserve These Dates on Your Calendar Now:

Session I	April 7, 2010	8:00 am-12:30 pm	Orientation	Anderson-Price Building
Session II	April 15, 2010	8:00 am- 1:30 pm	City Government	City Hall-Council Chambers
Session III	April 17, 2010	8:00 am-12:00 noon	Historical	Bus Tour
Session IV	April 22, 2010	8:00 am-1:30 pm	Education/Economic	UCF/Daytona State College
Session V	April 29, 2010	8:00 am-12:30 pm	Health/Wellness	Florida Hospital-Ormond Memorial
Session VI	May 6, 2010	12:30 pm-5:30 pm	Leadership/Graduation	Casements

Please type or print your enrollment form. All forms are confidential--**Application deadline is March 20, 2010**

PERSONAL

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

Nickname _____ Years in Ormond Beach Area _____
(for Name Badge) (Name) (Telephone Number)

Emergency Contact _____

Any physical limitations? If so please describe. _____

EMPLOYMENT

Present Employer _____ Date Began _____

Business Mailing Address _____

City _____ State _____ ZIP _____

Business Phone _____ FAX _____ Email _____

Type of Business _____ Title/Position _____

EDUCATION

Name of School _____ City/State _____ Degree/Major _____ Dates _____

SIGNIFICANT PROFESSIONAL, CIVIC, FAITH-BASED, ACADEMIC, AND/OR SOCIAL AFFILIATIONS, AWARDS, AND HONORS

Organization _____

Positions Held/Honors Received _____

Dates _____

Describe your most significant volunteer activities: _____

GENERAL

What would you like to learn most about the Ormond Beach area? Please rank in order of importance; i.e., 1 being most important:

____ Crime ____ Education ____ Environment ____ Government Regulations ____ Growth Management

____ Transportation ____ Taxation ____ Economic Prosperity ____ Workforce Development ____ Other _____

Describe any particular skill, knowledge, professional or technical expertise you possess that could be helpful to the class.

How would you expect to use your Ormond Leadership experience? _____

ENROLLMENT AGREEMENT

It is my responsibility to clear my calendar for the appropriate dates. I commit to attend all sessions to receive my graduation diploma. I also agree to participate in a Leadership VII community class project. Program tuition is due at the time application is submitted. Tuition is non-refundable if cancelled within five days of the start of the program.

Signature _____ Date _____

Tuition: **\$125 member, \$150 non-member** – includes continental breakfasts, lunches, seminar notebook, Graduate pin, Graduation reception, Bus Tour, T-Shirt and 8X10 color photo of class. Enroll by January 1, 2010 receive \$25 discount.

Check Bill my: VISA MasterCard

Account No. _____ Exp. date _____

Signature _____

Make checks payable to: ***Ormond Beach Chamber of Commerce***

Please FAX, mail or e-mail enrollment form:

Ormond Beach Chamber of Commerce

165 W. Granada Blvd.

Ormond Beach, FL 32174

FAX: 386-677-4363 Phone : 386-677-3454

E-Mail: ivey@ormondchamber.com