



EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM
2020-2021 CLASS XX
PRESENTED IN PARTNERSHIP WITH
UNIVERSITY OF VIRGINIA DARDEN SCHOOL OF BUSINESS

NOMINATION FORM

(Please print or type clearly. Use additional sheets where suggested, with your name clearly displayed on all pages.)

PERSONAL DATA

LAST NAME _____ FIRST NAME _____

TITLE _____ COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ E-MAIL ADDRESS _____

HOME ADDRESS _____ SUITE/APARTMENT _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

ETHNIC BACKGROUND

AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER LATINX NATIVE AMERICAN OTHER: _____

GENDER IDENTITY: MALE FEMALE TRANS OTHER GENDER IDENTITY _____

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, PLEASE CONTACT _____

RELATIONSHIP _____

BUSINESS PHONE _____ HOME PHONE _____

EDUCATION

INSTITUTION	DATES ATTENDED	DEGREE/CERTIFICATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ANY OTHER EXECUTIVE LEADERSHIP PROGRAMS YOU HAVE ATTENDED.

PROGRAM NAME	DATES ATTENDED
_____	_____
_____	_____
_____	_____



PLEASE CHECK YOUR AREAS OF HIGH COMPETENCE:

- STRATEGIC MANAGEMENT _____
- GLOBAL BUSINESS _____
- ACCOUNTING _____
- INFORMATION TECHNOLOGY _____
- PUBLIC AFFAIRS _____
- FINANCE _____
- MARKETING _____
- HUMAN RESOURCES _____
- LEADERSHIP DEVELOPMENT _____
- OPERATIONS _____
- AD SALES _____
- AFFILIATE RELATIONS _____
- NEW MEDIA _____
- ENGINEERING _____
- PROGRAMMING _____

EXPERIENCE: PLEASE DESCRIBE YOUR PRESENT RESPONSIBILITIES. INCLUDE THE NUMBER OF PEOPLE AND VALUE OF THE ASSETS YOU MANAGE. *PLEASE ATTACH A CURRENT RESUME.*

ARE YOU CURRENTLY A NAMIC MEMBER? YES ____ NO ____

LIST ORGANIZATIONAL AFFILIATIONS OF THE LAST FIVE YEARS:

POSITION DATA: PLEASE DESCRIBE YOUR POSITION AS IT RELATES TO THE TOTAL ORGANIZATION. DESCRIBE YOUR REPORTING RESPONSIBILITIES AND THE NUMBER OF LEVELS BETWEEN YOUR POSITION AND THAT OF THE ORGANIZATION'S SENIOR OFFICER. *INCLUDE AN ORGANIZATION CHART.*

PERSONAL STATEMENT: ON A SEPARATE SHEET, PLEASE DESCRIBE HOW THE EXPERIENCE OF BEING A PERSON OF COLOR HAS CONTRIBUTED TO YOUR LEADERSHIP POTENTIAL AND PREPAREDNESS TO ASSUME POSITIONS OF INCREASING SCOPE AND COMPLEXITY IN THE MEDIA AND ENTERTAINMENT INDUSTRY. INCLUDE WHY YOU BELIEVE PARTICIPATING IN THE NAMIC EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM WILL ASSIST YOU IN ACHIEVING YOUR CAREER GOALS



ORGANIZATIONAL ENDORSEMENT

YOUR PARTICIPATION IN ELDP CLASS XX MUST BE ENDORSED BY YOUR EMPLOYER. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SPONSOR.

SPONSOR'S NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PLEASE INCLUDE A LETTER OR WRITTEN RECOMMENDATION FROM YOUR SPONSOR.

IF DIFFERENT FROM ABOVE, PLEASE PROVIDE CONTACT INFORMATION FOR THE INDIVIDUAL RESPONSIBLE FOR EXECUTIVE DEVELOPMENT IN YOUR ORGANIZATION.

NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

PLEASE PROVIDE CONTACT INFORMATION FOR THE INDIVIDUAL RESPONSIBLE FOR TUITION BILLING.

NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ORGANIZATION AND APPLICANT AGREEMENT: IT IS UNDERSTOOD THAT UPON APPLICANT ACCEPTANCE, THE ENTIRE FEE IS PAYABLE UPON BILLING. FIFTY PERCENT (50%) OF THE TOTAL TUITION FEE WILL BE ASSESSED FOR CANCELLATION LESS THAN 30 DAYS PRIOR TO THE START OF THE PROGRAM. IF A WRITTEN REQUEST IS RECEIVED LESS THAN 14 DAYS PRIOR TO THE PROGRAM START, THE ORGANIZATION WILL ASSUME RESPONSIBILITY FOR THE ENTIRE PROGRAM FEE. NO REFUND WILL BE MADE FOR PARTIAL PARTICIPATION. TO ENSURE FULL VALUE TO THE PARTICIPANT AND SPONSORING ORGANIZATION, EACH PARTICIPANT MUST ATTEND ALL FOUR SESSIONS TO COMPLETE THE PROGRAM SUCCESSFULLY. IT IS FURTHER UNDERSTOOD THAT DURING ATTENDANCE AT THE NAMIC ELDP, THE PARTICIPANT WILL BE FREE OF OTHER DUTIES AND WILL NOT BE REQUIRED TO LEAVE THE PROGRAM EXCEPT IN EMERGENCY SITUATIONS.

I HAVE READ AND AGREE TO ABIDE BY THE ORGANIZATION AND APPLICANT AGREEMENT.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF SPONSOR _____ DATE _____

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NOMINATIONS MUST BE SUBMITTED BY AUGUST 21, 2020