

Admission Application

LEADING INNOVATIVE AND ENTREPRENEURIAL REGIONS IN THE GLOBAL ECONOMY

Application deadline: August 1, 2009 Fees: \$17,500 Early Registration Discount: \$15,000 before June 15

Please complete all sections of the application. You may enter and save your answers using Adobe Acrobat Reader, or print and fill out by hand. Submissions instructions are on the last page.

male
female

GENERAL INFORMATION

Name _____
Dr./Mr./Ms. first/given middle surname

Job Title _____

Company/Organization _____

Start date of current job _____
year

Business address _____

Business address (line 2) _____

City _____ State/Province _____

Postal code _____ Country _____

Business phone _____
use country code and city/area code: +12 34 5678901

Mobile phone _____
use country code and city/area code: +12 34 5678901

Fax _____
use country code and city/area code: +12 34 5678901

Email _____
please print clearly and accurately—this is our primary way of contacting you

PERSONAL INFORMATION

Home address _____

Home address (line 2) _____

City _____ State/Province _____

Postal code _____ Country _____

Home phone _____
use country code and city/area code: +12 34 5678901

Date of birth _____
month/day/year

Preferred name for name badge _____
first/given surname

Emergency contact name _____ Relationship? _____
Dr./Mr./Ms. first/given surname

Emergency contact phone _____
use country code and city/area code: +12 34 5678901

List the languages in which you are fluent _____

Important: All classes and discussions are conducted in English and applicants must be proficient in the English language.

PREVIOUS EMPLOYMENT

List the previous positions you have held during the last seven (7) years, beginning with the most recent.

Name of company/organization	Position held	Start date (mm/yyyy)	End date (mm/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

List the last two (2) degrees you have received.

School/University	Year granted	Degree granted	Major
_____	_____	_____	_____
_____	_____	_____	_____

OBJECTIVES

What do you hope to achieve by participating in this program? In what ways do you believe the program can be most useful for you and your company/organization?

YOUR CURRENT JOB POSITION

What function best describes your position? _____

Number of people whom you directly manage _____

How many people report to you and your direct subordinates? _____

Name of person to whom you report _____

Job title of person to whom you report _____

Annual budget in your control (in USD) _____

Your total annual salary including incentive compensation (in USD): _____

COMPANY/ORGANIZATION INFORMATION

Website address _____

Number of employees/staff _____

Number of volunteers (nonprofits only) _____

Annual revenue (in USD) or annual budget (for nonprofits) _____

Is your company/organization a subsidiary or division of another company/organization? no yes

Name of parent company/organization (if applicable) _____

Type of company/organization (choose one) private non-profit government university other

Number of employees in parent company/organization _____

Parent company/organization annual revenue (in USD) or annual budget (for nonprofits) _____

Please give a brief description of the mission of your organization:

Please describe any major recent accomplishments of your organization:

What are the most important challenges facing your organization?

OTHER INFORMATION

Is there any other information you wish to share for consideration regarding your application?

If admitted into the program, do you have any special needs to be accommodated?

BILLING INFORMATION

If you are accepted in the program, who should receive the invoice? **Bill me** **Send the invoice to the individual listed below:**

Name _____
Dr./Mr.Ms. *first/given* *middle* *surname*

Job Title _____

Company/Organization _____

Business address _____

Business address (line 2) _____

City _____ State/Province _____

Postal code _____ Country _____

Business phone _____
use country code and city/area code: +12 34 5678901

Fax _____
use country code and city/area code: +12 34 5678901

Email _____
please print clearly and accurately

CANCELLATION POLICY

Please visit http://sprie.stanford.edu/docs/ief_faqs/ and read the online cancellation policy for the Innovation and Entrepreneurship Fellows Program. It is your responsibility to review the policy before committing to the program. By completing your name below and checking the box, you are indicating your acceptance of the cancellation policy.

_____ has read and understands the cancellation policy.
your name

SUBMITTING YOUR APPLICATION

Best method: click the "submit" button on the right and email to sprie-stanford@stanford.edu; or

Fax to 650.723.6530; or

Mail to:

Stanford Program on Regions of Innovation and Entrepreneurship

616 Serra Street, E301

Stanford, CA 94305-6055

Attention: Innovation and Entrepreneurship Fellows Program

**Click to submit
application**



STANFORD PROGRAM ON REGIONS OF
INNOVATION AND ENTREPRENEURSHIP
THE WALTER H. SHORENSTEIN ASIA-PACIFIC RESEARCH CENTER

Sponsor Statement

LEADING INNOVATIVE AND ENTREPRENEURIAL REGIONS IN THE GLOBAL ECONOMY

If participant is being sponsored by a company/organization, then the sponsoring executive must submit the following statement by fax:

NAME OF APPLICANT

Name _____
Dr./Mr./Ms. first/given middle surname
 Company/Organization _____

SPONSORING EXECUTIVE

Name _____
Dr./Mr./Ms. first/given middle surname
 Job Title _____

Company/Organization _____

Business address _____

Business address (line 2) _____

City _____ State/Province _____

Postal code _____ Country _____

Business phone _____
use country code and city/area code: +12 34 5678901

Fax _____
use country code and city/area code: +12 34 5678901

Email _____
please print clearly and accurately

By his/her signature below, the sponsoring executive confirms that the applicant has an excellent command of English, that he/she will be free from company duties during the program, and that the company guarantees to pay the tuition fee, and cancellation fee if applicable.

Sponsoring executive's signature _____

Date _____

SUBMITTING THE SPONSOR STATEMENT

Scan the signed statement and email sprie-stanford@stanford.edu

or

Fax to SPRIE

fax: 650.723.6530