



## THE FAMILY BUSINESS LEADERSHIP SERIES

### STUDENT ENROLLMENT FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Generation (e.g. G2, G3,): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Site: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Business: \_\_\_\_\_

Products/Services: \_\_\_\_\_

Year Founded: \_\_\_\_\_

### ABOUT YOURSELF

Education (highest level attained): \_\_\_\_\_

Graduate, Advanced or Technical Education: \_\_\_\_\_

Any prior leadership/management training? Yes \_\_\_ No \_\_\_ If so what \_\_\_\_\_

Your leadership/management goals: \_\_\_\_\_

Your goals or anticipated outcome from this training program: \_\_\_\_\_

### COURSE FEE: \$6,000 for Family Business Center Members

\$7,200 for non-members

### Payment options (choose one):

**(a)** Total amount with enrollment [  ]

**(b)** 4 Equal payments, initial payment \$1,500 with application [  ]

### Make check payment to: The Capital Region Family Business Center

Return form together with check per option (a) or (b) to:

The Capital Region Family Business Center  
P.O. Box 1107  
Roseville, CA 95678

*Thank you for your interest and enrollment in the program.*