

# Senior Executive Orientation® Application Form

**Please complete and return application.**

Attention: Clare Whelan  
CWhelan@miamichamber.com  
Phone: 305-577-5458

The following information is requested from all participants. Personal information will not be posted; it will remain confidential to participants only.

Please indicate program participation:  Single/Individual  Couple

## Employment Section

Full Name			
Title/Occupation			
Company			
Address			
City	State	Zip	
Phone Number	Email		

## Personal Section

Home Address			
City	State	Zip	
When did you move to South Florida?			
Reasons for relocating?			
Describe your first impression of the region			
List any challenges you encountered during your transition			
What do you expect to learn from this program?			
What are your priorities about doing business in Miami?			
<b>Spouse/ Partner</b>	Complete only if participating as a couple.		
Name			
Title	Company		

OFFICE USE ONLY.

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