



# Morristown Area Chamber of Commerce Leadership Morristown 2017

## Registration Form

*Leadership Morristown is a program of the Morristown Area Chamber of Commerce. Its purpose is to identify individuals who have been put in positions of leadership or who have the potential to become community leaders and provide them with the contacts, training and encouragement to achieve and excel in leadership roles.*

### Instructions

- Please provide complete information.
- It must be signed by both the individual participating in the program and the employer/sponsor and returned to the Chamber by July 31, 2017
- Tuition for Leadership Morristown is \$750. Employees of “Gold Star Members” receive a 10% discount on tuition. If you have a question about whether or not your employer is a Gold Star Member you may call the Chamber or go on line, [www.morristownchamber.com](http://www.morristownchamber.com) for that information. A limited number of slots are available in each class for representatives of non-profit 501(c)3 organizations--Please contact Debra Williams for information about those discounted tuition rates (50%). Tuition is payable by cash, check or credit card.
- If you would like to be invoiced, please call or e-mail Debra Williams (586-6382 or [manager@morristownchamber.com](mailto:manager@morristownchamber.com)) and one will be sent immediately upon request.

## I—Personal Data

Name: \_\_\_\_\_  
                                Last  First  Middle

First name or nickname preferred for nametag: \_\_\_\_\_

Home Address: \_\_\_\_\_  
                                Street or P. O. Box  City  Zip

Business Address: \_\_\_\_\_  
                                Street or P.O. Box  City  Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_

May we share your cell phone number and e-mail with the other participants? Yes        No

Length of time in the Lakeway Area: \_\_\_\_\_

## II—Education

(Begin with High School, College/University, advanced degree and/or specialized training)

School/Location	Degree
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## III—Employment

Company/Employer: \_\_\_\_\_

Title or Responsibility: \_\_\_\_\_

Length of Time at company: \_\_\_\_\_ Length of time in present position: \_\_\_\_\_

List any professional accomplishments and/or affiliations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV—Community Involvement

List state, community, civic, religious, political, government, social, athletic or other activities. Do not include business or professional activities (list above).

Organization: \_\_\_\_\_

Your role & responsibilities: \_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_

Your role & responsibilities: \_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_

Your role & responsibilities: \_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_

Your role & responsibilities: \_\_\_\_\_

\_\_\_\_\_

*Important*

Please list THREE issues that you believe are important to Morristown that you would like to see addressed/discussed/explored during the Leadership Morristown program:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## V—Commitment

To graduate from Leadership Morristown a participant is expected to attend all sessions. A schedule of sessions is enclosed to help you plan your calendar. Participants who miss more than 2 days will not be able to graduate with that class unless they participate in a make-up session/activity. There are a number of options for make-up sessions/activities. Arrangements for those should be made with Debra Williams (Chamber General Manager).

I have read the above commitment and completed the registration form and agree to the terms and conditions stated and wish to participate in Leadership Morristown 2017.

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Applicant Signature

Date

This applicant has the approval of this company/business/organization to participate in Leadership Morristown and has our full support which includes the time required to participate in the program.

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

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Signature

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Title

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Date

Registration form should be returned to:

Morristown Area Chamber of Commerce  
ATTN: Leadership Morristown  
P. O. Box 9  
Morristown, TN 37815-0009

FAX: 423-586-6576

E-mail: [manager@morristownchamber.com](mailto:manager@morristownchamber.com)

**Receipt of your registration form will be acknowledged  
by e-mail immediately upon receipt.**