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## **APPLICATION FOR IGMT 2019-2020 PROGRAM YEAR**

## Please indicate your choice of accommodations/program fee:

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| **TYPE OF ROOM** | **PROGRAM FEE** | **INDICATE CHOICE OF ROOM/PROGRAM FEE** |
| Private Room | $1,250 | [ ]  |
| Double Occupancy Room | $1,100 | [ ]  |

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| **NOMINEE INFORMATION** |
| Full Name: |       |
| Organization: |       |
| Title: |       |
| Phone Number: |       |
| Address: |       |
| Email Address: |       |
| Description of position: |       |
| Description of experience in leading or managing teams: |       |

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| **IMMEDIATE SUPERVISOR’S INFORMATION (FOR NOMINEE)** |
| Full Name: |       |
| Title: |       |
| Phone Number: |       |
| Email Address: |       |
| Briefly state the agency’s objectives and reasons for submitting this nomination: |       |

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| **SUBMITTED BY** |
| By submitting this application, I understand that I am committing this nominee toall of the time and effort required to actively participate with their planning group and to attend all six sessions of IGMT for the 2019-2020 Program year. |
| Full Name: |       |
| Title: |       |
| Phone Number: |       |
| Email Address: |       |