## ­

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

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

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

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

|  |  |
| --- | --- |
| **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: |  |

|  |  |
| --- | --- |
| **SUBMITTED BY** | |
| By submitting this application, I understand that I am committing this nominee to all 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: |  |