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## **APPLICATION FOR IGMT 2024-2025 PROGRAM YEAR**

## All rooms are **Single Occupancy**, at a rate of **$1,850** for the program year.

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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 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 2024-2025 Program year. | |
| Full Name: |  |
| Title: |  |
| Phone Number: |  |
| Email Address: |  |