



## Class of 2020 Participant Application

Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### AGREEMENT

LEADERSHIP SOUTH KANSAS CITY **participants are expected to attend all sessions** to maximize benefits of the program. It is necessary that your employer supports this attendance. Absences are discouraged as they disrupt the continuity of learning. We realize emergencies arise. Please inform the Chamber office. Otherwise, applying for this program implies you will be able to attend all sessions.

Failure to comply with this agreement will result in dismissal from the program and forfeiture of tuition.

I understand this agreement, and if selected, will devote the time necessary to complete the program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cost:** Chamber Members: \$629/First Registration; \$609/Additional Registrations  
Non-Members: \$729/Each Registration

### Registration Options (Please check the one you are utilizing):

Enclosed is paperwork. Please invoice tuition.  
 Pay full tuition at this time. Check enclosed for amount of \$ \_\_\_\_\_  
 Credit Card      Visa      Mastercard      American Express (circle one)

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card : \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### **Please mail your application and payment to:**

South Kansas City Chamber of Commerce; LSKC 2020;

406 E. Bannister Road, Ste F, KCMO 64131-3028

Phone: 816/761-7660 Fax: 816/761-7340 Email: [vwolgast@southkcchamber.com](mailto:vwolgast@southkcchamber.com)

**Deadline for Applications is November 5, 2019**

- **Please attach a one –page personal biography, narrative or resume which addresses the following:**

(a) Professional Experience    (b) Educational Background    (c) Community Involvement

- **Please respond to the following questions:**

1.) What benefits do you hope to realize from your Leadership South Kansas City experience?

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2.) Summarize what you hope to contribute to our community as a result of participating in Leadership South Kansas City.

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3.) **Graduating classes are asked to plan the program for the next year.** Do you understand this commitment for the class of 2020 to plan for Leadership SKC 2021?

Yes       No

4.) Also, do you have any dietary needs that would necessitate a special menu?

**Important:** Please let us know if you have any health concerns that would impact you participating in this class. On certain days we can do a lot of walking.

Thank you for applying!