

## ENROLLMENT FORM - GLTP 2.0

Please email your completed form to Petra Tamme at [ptamme@ceoglobalnetwork.com](mailto:ptamme@ceoglobalnetwork.com).

### Company Information

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

Email: \_\_\_\_\_

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

I am aware that the total cost of the training program is \$6,500 (+applicable taxes) for each participant. Total payment is due in full prior to September 1, 2021 with no cancellations or refunds after that time.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Participant #1 Information

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

Email: \_\_\_\_\_

Length of Time in Current Position: \_\_\_\_\_ Number of Direct Reports: \_\_\_\_\_

Contact information for person they report to (if not sponsor):

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

Email: \_\_\_\_\_

### Participant #2 Information

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

Email: \_\_\_\_\_

Length of Time in Current Position: \_\_\_\_\_ Number of Direct Reports: \_\_\_\_\_

Contact information for person they report to (if not sponsor):

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

Email: \_\_\_\_\_

---

### Participant #3 Information

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

Email: \_\_\_\_\_

Length of Time in Current Position: \_\_\_\_\_ Number of Direct Reports: \_\_\_\_\_

Contact information for person they report to (if not sponsor):

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

Email: \_\_\_\_\_

---

### Participant #4 Information

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

Email: \_\_\_\_\_

Length of Time in Current Position: \_\_\_\_\_ Number of Direct Reports: \_\_\_\_\_

Contact information for person they report to (if not sponsor):

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

Email: \_\_\_\_\_

---

### Participant #5 Information

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

Email: \_\_\_\_\_

Length of Time in Current Position: \_\_\_\_\_ Number of Direct Reports: \_\_\_\_\_

Contact information for person they report to (if not sponsor):

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

Email: \_\_\_\_\_

---

### Participant #6 Information

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

Email: \_\_\_\_\_

Length of Time in Current Position: \_\_\_\_\_ Number of Direct Reports: \_\_\_\_\_

Contact information for person they report to (if not sponsor):

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

Email: \_\_\_\_\_

---

*If you are enrolling more than six participants, please complete an additional form.*