NMSDC® Advanced Management Education Program 2009 Application

SUMMER SESSION

MAY 31 TO JUNE 4

APPLICANT DATA

CEO/APPLICANT'S NAME/TITLE _____

NICKNAME _____ RACE/ETHNICITY _____

COMPANY NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

WEB SITE _____

BUSINESS DATA

BUSINESS DESCRIPTION _____

_____

LENGTH OF TIME IN BUSINESS _____

SALES FOR LAST THREE YEARS:	2008	2007	2006
	$_____MILLION	$_____MILLION	$_____MILLION

CERTIFIED BY _____

(Applicant must be certified by the NMSDC-affiliated council closest to its headquarters)

_____

RECOMMENDED BY

_____

SIGNATURE BY APPLICANT DATE

Please complete and fax this form and copy of NMSDC certification to:

Advanced Management Education Program
National Minority Supplier Development Council, Inc.®
1040 Avenue of the Americas, 2nd Floor
New York, New York 10018
Phone 212/944-2430
Fax 212/719-9611

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