



EXECUTIVE DEVELOPMENT PROGRAM

APPLICATION CHECKLIST

- CURRENT RÉSUMÉ/CV
(Including educational background)

- REQUIRED DEPOSIT OF \$500* (USD)
Payable to "Board of Regents"
**Nonrefundable upon acceptance*

- MAIL OR FAX COMPLETED APPLICATION TO:
MAIL:
Executive Development Program
Extended Studies
University of Nevada, Reno/0048
Reno, NV 89557 USA
FAX:
+1 (775) 784-4801

- INFORMATION:
Gaming Management Programs
University of Nevada, Reno
+1 (775) 682-7558 or
1-800-233-8928
EMAIL:
gaming@unr.edu

Nov. 9–17, 2019
Hyatt Regency
Lake Tahoe, Nev. USA



Confronting Challenges and Embracing Opportunities —
Strategic Leadership in the Gaming Industry

PROFESSIONAL DATA

(Please Print or Type)

Name _____ Preferred name for badge _____

Full formal name for conference certificate _____

Position title _____ Company _____

Physical place of business _____

Mailing address _____
Country _____

Telephone (____) _____ Fax (____) _____ Email (required) _____

Length of time in current position _____

Name/Title of person to whom you report _____ Email _____

PERSONAL DATA

Country of citizenship _____ Date of birth _____ Male Female

Home address _____

Country _____ Telephone (____) _____

Any special requirements or dietary needs? _____

Hobbies/Recreational interests? _____

Education _____

Shirt (women's sizes)

S M L XL XXL XXXL

Shirt (men's sizes)

S M L XL XXL XXXL

(Please complete both sides)

TUITION AND FEES

The Executive Development Program fee is \$8,700 (USD), which includes tuition, deposit, course books and materials, logo shirt, daily refreshments, lunches on full days, receptions, opening dinner and graduation banquet. Enrollments are limited to a maximum of 65 fully enrolled delegates.

The required deposit of \$500 (USD) is due and payable upon submission of application and will be applied to tuition. The deposit will be refunded in the event an applicant is not accepted to the program.

A \$500 (USD) processing fee will be assessed for any cancellations made prior to Oct. 11, 2019. No refunds will be given for cancellations after that date. However, the organization may identify a replacement to the program at full credit. Notification of cancellation must be made in writing.

- ENCLOSED IS A CHECK FOR \$ _____
Payable to "Board of Regents"
- COMPANY P.O. # _____
- WIRE TRANSFER

PLEASE CHARGE MY CREDIT CARD:

- VISA
- MasterCard
- Discover
- American Express

CARDHOLDER'S NAME

CREDIT CARD NUMBER

EXPIRATION DATE

AMOUNT: \$ _____

X _____

SIGNATURE AS IT APPEARS ON CARD

PROPERTY INFORMATION

Corporate entity or parent company name _____

Gross revenue in U.S. \$ (specify company or property) _____

Number of properties in organization _____

Number of employees: Total organization _____ Your property _____

POSITION DATA

Describe the area for which you are responsible and relate it to the total company in terms of size, operation and independent responsibility. Describe your staffing, budget and responsibilities. Describe the line of authority to your position.

PERSON IN CHARGE OF EXECUTIVE DEVELOPMENT FOR YOUR COMPANY

Name _____

Title _____

Company _____

Address _____

Country _____ Telephone (____) _____

SPONSORING ORGANIZATION FOR BILLING

Name _____

Title _____

Company _____

Address _____

Country _____ Telephone (____) _____

HOW DID YOU HEAR ABOUT THE EDP PROGRAM?

- Brochure
- Magazine
- Email
- Website
- LinkedIn
- Previous attendee
- Word of mouth