



ECKERD COLLEGE

LEADERSHIP DEVELOPMENT INSTITUTE

Application for Participation in

LASTING LEADERSHIP

Date _____

Full Name Dr. Mr. Ms. _____

Your Title _____

Organization _____ Division (if applicable) _____

Mailing Address _____

City, State, Zip _____

Phone _____ Cell _____ Fax _____

Email _____ Organization's Web site _____

Approximate # of employees in your entire organization _____ Budget you manage _____

Number of employees who report directly to you _____ Number who report indirectly to you _____

Describe your current responsibilities (Please be as specific as possible) _____

Last two positions held	Title	Organization	Years in Position
_____	_____	_____	_____
_____	_____	_____	_____

Total years of management experience _____

How did you learn about Lasting Leadership? _____

If you have previously attended any LDI or CCL program(s), please list the program and date(s) _____

Please return by mail or fax to:

Leadership Development Institute, Attn: Client Relations
Eckerd College
4200 54th Avenue South
St. Petersburg, FL 33711
Fax: 727-864-7575