

2021 Leadership Sikeston

Participant Application

1. PERSONAL INFORMATION Please list your name as you want shown on your graduation plaque.

Name	
	Position Title
Business Address	
	Cell Phone
Email	
Years in Current Position	Years in Sikeston
2. GENERAL	
	of the reason(s) you wish to participate. (What you are most re are you looking forward to visiting?)
In your opinion, what are today?	the three most critical problems/issues facing the Sikeston Region
3. INVOLVEMENT	
Business/Professional Or	ganizations
Community/Civic Organiz	ations



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4. EDUCATION (high school, college, trade, etc. – degrees obtained)			
	degrees obtained)		
5. EMPLOYERS AGREEME	ENT		
I fully support the applicant Sikeston program, and I represe necessary time for full participat	ent that his/her employer is		
Signature:		Date:	
Print Name:			
6. APPLICANT'S AGREEN	IENT		
fail to meet any obligations of th graduate with my class. I under	I understand attendance e program, I may be aske stand I am to notify the C that if I miss more than	is mandatory. I understand if I do to withdraw and may not hamber office when I am unable to one session, I will need to make	
Signature:		Date:	
7. TUITION			
the tuition fee of \$450 for Sike	eston Regional Chamber overs supplies, meals, trar	nsportation, and speakers during	
My tuition will be paid	personally	by my organization	
To be considered, this comple Regional Chamber by end of lof acceptance no later than en	ousiness February 10, 2	021. Participants will be notified	
Sikeston Regional Chamber 128 N. New Madrid Sikeston, MO 63801	Fax: 573.471.2499 chamber@sikeston.ne	et	