



Duke Executive Education Program Registration Form

Please check box:

Duke Leadership Program
Cost: ~~\$11,450~~ \$5,350*

- April 19 – 24, 2020
Register by: 3/5/20
- May 31 – June 5, 2020
Register by: 4/16/20
- October 18 – 23, 2020
Register by: 9/3/20
- December 13 – 18, 2020
Register by: 10/29/20

Duke Management Program
Cost: ~~\$6,700~~ \$3,350*

- April 26 – 29, 2020
Register by: 3/12/20
- TBD, 2020
Register by: TBD

Business Negotiation Skills
Cost: ~~\$6,700~~ \$3,350*

- May 12 – 15, 2020 (Online)
Register by: 8/29/20
- Oct 13 – 16, 2020
Register by: 8/29/20

Financial Analysis for Non-Financial Leaders
Cost: ~~\$6,900~~ \$3,550*

- April 5 – 8, 2020
Register by: 2/20/20
- Aug 30- Sept 02, 2020
Register by: 7/16/2020
- Dec 06 – Dec 09, 2020
Register by: 10/22/2020

ONLINE Financial Analysis for Non-Financial Leaders
Cost: ~~\$2000~~ \$1,450*

- Feb 12 – Mar 18, 2020
Live Online Classes on Wednesdays
Register by: 12/29/19
- June 17-July 29, 2020

Leading Business Strategy Through Operational Excellence
Cost: ~~\$6,700~~ \$3,350*

- March 31 – April 3, 2020
Register by: 2/15/20
- Sept 29- Oct 02, 2020
Register by: 8/15/2020

Advancing Women Leaders
Cost: ~~\$6,700~~ \$3,350*

- June 17 – 19, 2020
Register by: 5/3/20
- Oct 25 – 28, 2020
Register by: 9/10/20

Data Driven Decision Making
Cost: ~~\$6,700~~ \$3,350*

- Jan 14 – 19, 2020
Register by: 12/2/19
- May 12 – 15, 2020
Register by: 3/28/20

Communications for Leaders
Cost: ~~\$5,600~~ \$3,350*

- March 10 – 13, 2020
Register by: 1/25/20
- Nov 1 – 4, 2020
Register by: 9/17/20

**Indicates special NACD Member/Affiliate pricing*

Questions? Call (571) 482-3043 or Email Matt Glaser at mglaser@nacd.com

REGISTRATION Please PRINT. **Please use a separate form for each person attending. All fields must be completed.**

First Name _____ Last Name _____ Nickname for Badge _____

Job Title _____ Company Name _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____ Cell# _____ E-mail: _____

How did you hear about the program? _____

Highest Degree Earned: High School Diploma College Degree MBA MBA + other grad degree Other grad degree Ph.D. Other

Name of College and Graduate School (if applicable) _____

Position Classification (please check the ONE that most closely is linked to your position)

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Advertising | <input type="checkbox"/> Brand/Product Mgmt | <input type="checkbox"/> Business Development | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Editing/Writing | <input type="checkbox"/> Engineering | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Finance – General |
| <input type="checkbox"/> General Management | <input type="checkbox"/> Human Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Intl Business | <input type="checkbox"/> Law |
| <input type="checkbox"/> Market Research | <input type="checkbox"/> Marketing | <input type="checkbox"/> Operations | <input type="checkbox"/> Other – Business Admin | <input type="checkbox"/> Other - Non-Business Admin |
| <input type="checkbox"/> Product Development | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Quality Management | <input type="checkbox"/> Research and Development | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Strategic Planning | | | | |

What level of management best describes you?

- Middle Upper Middle Senior

Return Form via fax 703/527-7747, e-mail mglaser@nacd.com or mail to NACD, 1560 Wilson Blvd., Ste 1100, Arlington, VA 22209

Meeting Registration Cancellation Policy: Cancellations must be made in writing to meetings@nacd.com or by faxing to NACD at 703/527-7747. Cancellations received 45 days or more prior to the program will receive a full refund minus 25% of the gross registration fee. Within 30 days of the program, no refunds will be made. Transferring into another program iteration less than 45 days from the original program start date will incur a \$500 transfer fee.

Payment Information: American Express MasterCard Visa Check Enclosed (Payable to NACD)

Credit Card # _____ Expiration Date: _____ Security Code _____

Card Member's Name (Print): _____ Signature: _____

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