



For office use only.
Date placed: _____
Facilitator: _____

Traverse City Area Chamber of Commerce CEO Roundtable Application Form

Name: _____ Title: _____ Since: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Date Company Established: _____ Number of Employees: _____ Seasonal? _____

Are you a graduate of the Chamber's or another chamber's leadership program? _____ What year? _____

Describe your company's products/services: _____

Annual Revenue:

- ___ Up to \$250,000
- ___ \$250,000 - \$999,000
- ___ \$1 million - \$5 million
- ___ More than \$5 million

Structure:

- ___ Sole Proprietorship
- ___ Partnership
- ___ Corporation
- ___ LLC or LLP

Markets Served:

- ___ Local
- ___ Regional
- ___ National
- ___ International

Preferences for meeting time (rate 1st, 2nd, 3rd choice): _____ AM _____ Mid-Day _____ PM

Day of week preferences: _____

Other preferences: _____

Have you participated in a CEO Roundtable or advisory board before? _____

List your top three expectations of the Chamber's CEO Roundtable:

1. _____
2. _____
3. _____

Current challenges you and/or your company are facing: _____

Primary goal of participation: _____

Special strengths and skills you bring to a CEO Roundtable: _____

Enclosed payment is a (circle one): VISA Mastercard

Card #: _____ Expiration Date: _____

Security Code: _____