

ANTI-DEFAMATION LEAGUE GLASS LEADERSHIP INSTITUTE

THE GLASS LEADERSHIP INSTITUTE – 2012-13 APPLICATION
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_____Boca Raton _____Palm Beach _____Aventura PERSONAL INFORMATION Name: _____ Spouse/Significant Other: _____ Home Address: _____ City: _____ Zip: _____ Home Telephone: _____ Home Fax: _____ Cell Phone: ______ Home E-mail: _____ Date of Birth: **BUSINESS/EMPLOYMENT** Business/Employer: Position/Title: _____ Business Address: Business Address: _____ City: _____ Zip: _____ Business Telephone: ______ Business Fax: _____ Business E-mail: How long have you been with this employer?: **EDUCATION** Undergraduate College/University: Major: Year Graduated: Post-graduate College/University: Degree/s: Year Graduated:

DIETARY RESTRICTIONS	None	Kosher	Vegetarian	No Dairy
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NETWORKING

What other organizations and networking groups are you involved in?

Please explain what you hope to gain by participating in ADL's Glass Leadership Institute Program.

ADDITIONAL INFORMATION

How did you hear about ADL's Glass Leadership Institute?

Is there anything else you would like us to know about you?

Would you be willing to host and/or sponsor one of the programs in your home?

- Yes I will sponsor a program (pay for kosher-style meal and dinner necessities approximately \$150).
- Yes I will host a program (have the program held at my home and provide drinks and plastic goods for a kosher-style dinner which will be brought in).

EXPECTATIONS OF PARTICIPANTS

Having read the attached Statement of Expectations and Responsibilities of The Glass Leadership Institute, I understand the expectations of the Institute and would like to be considered for the program.

Signature: _____ Date: _____

PLEASE SAVE DOCUMENT AND EMAIL OR FAX COMPLETED APPLICATION TO:

Lonny Wilk, Associate Regional Director <u>lwilk@adl.org</u> * FAX: 561-989-0712 (Boca Raton or Aventura)

Yael Hershfield, Associate Regional Director <u>yhershfield @adl.org</u> * FAX: 561-989-0712 (Palm Beach)