

# AGRIBUSINESS SEMINAR: AN ASIAN OFFERING

HARVARD | BUSINESS | SCHOOL  
EXECUTIVE EDUCATION



## APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: \_\_\_\_\_

Please answer all questions. Application must be fully completed and signed before review by the Admissions Committee.

Please type or print legibly.

## GENERAL INFORMATION

NAME: \_\_\_\_\_  
*Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)*

NICKNAME/FAMILIAR NAME FOR NAME BADGE: \_\_\_\_\_ ☐ MALE ☐ FEMALE

COUNTRY OF CITIZENSHIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
*Month/Day/Year*

TITLE OR POSITION: \_\_\_\_\_ DIVISION (if applicable): \_\_\_\_\_

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

COMPANY/ORGANIZATION ADDRESS: \_\_\_\_\_  
*(P.O. boxes accepted outside U.S.) Street City State/Country Zip Code/Postal Code*

COMPANY/ORGANIZATION TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY/ORGANIZATION WEBSITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ULTIMATE PARENT COMPANY: \_\_\_\_\_

YOUR HOME ADDRESS: \_\_\_\_\_  
*Street City State/Country Zip Code/Postal Code*

HOME TELEPHONE: \_\_\_\_\_

PREFERRED MAILING ADDRESS: \_\_\_\_\_ ☐ BUSINESS ADDRESS ☐ HOME ADDRESS

## LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for participation in Harvard Business School Executive Education programs.

## PLEASE RETURN THIS APPLICATION:

BY MAIL:

ADMISSIONS COMMITTEE

Agribusiness Seminar: An Asian Offering

Harvard Business School

Soldiers Field

Boston, MA 02163-9986 U.S.

ONLINE:

Applications may be submitted

online at: [www.exed.hbs.edu](http://www.exed.hbs.edu)

BY FAX:

ADMISSIONS COMMITTEE

Agribusiness Seminar: An Asian Offering

Fax: +1-617-496-1731

For questions on the status of your submitted application, please call +1-617-495-6226.

**CONFIDENTIAL:** For use by the Admissions Committee only.

ORGANIZATION

	YOUR ULTIMATE PARENT COMPANY	YOUR COMPANY/DIVISION
Products/Services:		
Annual Sales Volume (in U.S. dollars):	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of Employees:		
How many reporting levels are above you, including the chief executive officer of the parent company?		
What is the title of the person to whom you report?		

PLEASE CHECK YOUR CURRENT TYPE OF BUSINESS (check one only):

<input type="checkbox"/> Animal/Fruit & Vegetable Farm	<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Bank/Financial Institute	<input type="checkbox"/> Feed/Grain/Seeds	<input type="checkbox"/> Investment Banking
<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Life Science
<input type="checkbox"/> Consulting	<input type="checkbox"/> Food Retailer	<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> Consumer Branded Products	<input type="checkbox"/> Food Service/Restaurant	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Education	<input type="checkbox"/> Food Wholesaler	
<input type="checkbox"/> Energy	<input type="checkbox"/> Government	

ANNUAL COMPENSATION (INCLUDING BONUS) IN U.S. DOLLARS (check one only):

<input type="checkbox"/> <\$100,000	<input type="checkbox"/> \$151,000–\$200,000	<input type="checkbox"/> \$301,000–\$500,000
<input type="checkbox"/> \$101,000–\$150,000	<input type="checkbox"/> \$201,000–\$300,000	<input type="checkbox"/> >\$500,000

WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM Month/Year	TO Month/Year

PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE:

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION AND/OR BUSINESS UNIT.

PLEASE DESCRIBE YOUR CURRENT RESPONSIBILITIES, INCLUDING YOUR LEVEL IN THE ORGANIZATION.

PLEASE EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM. ALSO DESCRIBE WHAT YOU THINK OTHER PROGRAM PARTICIPANTS MAY LEARN FROM YOU (E.G., PERSPECTIVES, SKILLS, EXPERTISE).

WHAT ARE THE MOST FORMIDABLE CHALLENGES FACING YOUR ORGANIZATION AND/OR BUSINESS UNIT?

## EDUCATION

DEGREE (*check only highest level attained*):  
☐ High School    ☐ Two-Year College    ☐ BS/BA    ☐ MS/MA    ☐ MBA    ☐ Harvard MBA  
☐ JD/Law    ☐ PhD    ☐ MD    ☐ Foreign Diploma    ☐ Other

UNIVERSITY: \_\_\_\_\_ YEAR: \_\_\_\_\_

HAVE YOU ATTENDED A HARVARD BUSINESS SCHOOL AGRIBUSINESS SEMINAR BEFORE?

☐ NO    ☐ YES, IF SO WHEN? \_\_\_\_\_

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS PROGRAM?

☐ Direct mail package    ☐ HBS Executive Education website    ☐ Online advertisement    ☐ Other (*specify*): \_\_\_\_\_  
☐ HBS email notification    ☐ Internet search    ☐ Print advertisement    \_\_\_\_\_

### WHAT FACTOR HAD THE MOST INFLUENCE ON YOUR DECISION TO APPLY TO THIS PROGRAM?

☐ A previous participant in an HBS Executive Education program  
Participant Name \_\_\_\_\_  
Program/Year \_\_\_\_\_

☐ An MBA graduate of HBS  
☐ Division Head or Manager  
☐ HBS faculty

☐ Human resource department  
☐ Other (*specify*): \_\_\_\_\_

### IF YOU SAW A **PRINT** ADVERTISEMENT, PLEASE SPECIFY WHERE:

☐ BusinessWeek ☐ Harvard Business Review  
☐ The Economist ☐ The New Yorker

☐ strategy + business

☐ Other (*specify*): \_\_\_\_\_

### IF YOU SAW AN **ONLINE** ADVERTISEMENT, PLEASE SPECIFY WHERE:

☐ The Economic Times ☐ Food Industry & Consumer TRENDS ☐ Food Production Daily  
☐ eFeedLink ☐ Food Navigator ☐ Food Technology

☐ GMA SmartBrief  
☐ Other (*specify*): \_\_\_\_\_

## CANCELLATION POLICY

Payment is due within 30 days of the invoice date. Cancellations or deferrals must be submitted in writing more than 30 days before the program start date to receive a full refund. Due to program demand and the volume of preprogram preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of one-half of the program fee. Requests received within 14 days of the program start date are subject to full payment of the program fee.

*Upon acceptance, payment is required prior to the program start date.*

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

## SPONSORING INFORMATION

Harvard Business School Executive Education requires that a senior executive within the organization sponsor the applicant. (Please note that the sponsor must be someone other than the applicant.)

NAME OF ORGANIZATION: \_\_\_\_\_

nominates this senior manager for the *Agribusiness Seminar: An Asian Offering* program. It is understood that this executive, if admitted, will be completely free of official duties while participating in the program. It is also understood that this executive is proficient in fast-paced, conversational English.

SIGNATURE OF SPONSORING EXECUTIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

*(P.O. boxes accepted outside U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## BILLING INFORMATION

An invoice will be emailed to your organization. Please complete the information below.

NAME: \_\_\_\_\_

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION: \_\_\_\_\_

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

COMPANY/ORGANIZATION ADDRESS: \_\_\_\_\_

*(P.O. boxes accepted outside U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*In accordance with Harvard University policy, Harvard Business School does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.*