

For office use only. Date placed:	
Facilitator:	

Traverse City Area Chamber of Commerce CEO Roundtable Application Form

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	Title:	Since
Company:		
	a.	
	State: _	
	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/se	ervices:	
Annual Revenue:	Structure:	Markets Served:
Up to \$250,000 \$250,000 - \$999,000 \$1 million - \$5 million More than \$5 million Preferences for meeting time (rate 1st.	Sole Proprietorship Partnership Corporation LLC or LLP , 2 nd , 3 rd choice): AM	Local Regional National International Mid-Day PM
Day of week preferences:		
Have you participated in a CEO Roun	ndtable or advisory board before?	
2.	e Chamber's CEO Roundtable:	
Current challenges you and/or your c	ompany 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 #:	Ex	piration Date:
Security Code:		