



# APPLICATION FOR ADMISSION

Please take some time to complete both pages of the form by typing or printing legibly. The information will be used solely for program-specific purposes, monitoring class composition, partic-

ipant profiles, ranking procedures, and statistical evaluations. Thank you in advance for your kind cooperation. Please return this form via email: [programs@esmt.org](mailto:programs@esmt.org)

*\* mandatory fields*

## 1 PROGRAM

Title*	Dates*
.....	.....
.....	.....

I am interested in the ESMT Postgraduate Diploma in Management and agree to be contacted by ESMT via e-mail or phone.

## 2 PARTICIPANT INFORMATION

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Academic title	Parent company*
.....	.....
First name(s)*	email (office)*
.....	.....
Last name*	Website
.....	.....
Company* <small>(incl. legal name)</small>	email (private)
.....	.....
Position*	Phone
.....	.....
Department*	Mobile phone
.....	.....
Street / no.*	Date of birth
.....	.....
ZIP / city*	Nationality*
.....	.....
Country*	VAT-ID*
.....	.....

## 3 BILLING

Please send an invoice to:  office address (as above)  different address (below)

Company* <small>(legal name)</small>	ZIP / city*
.....	.....
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Name*	Country*
.....	.....
Department*	email
.....	.....
Street / no.*	VAT-ID*
.....	.....

Additional information for invoice procedure:  
 .....  
 .....

**4 CAREER PROFILE**

Experience leading (years) ..... Total team size you are leading (employees) .....

**Please specify your main / current responsibilities**

.....  
.....  
.....

**5 YOUR PERSONAL OBJECTIVES FOR ENROLLING IN THIS PROGRAM \***

.....  
.....  
.....

**6 ADDITIONAL INFORMATION**

**I learned about this program from**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ESMT website    | <input type="checkbox"/> Brochure / flyer          | <input type="checkbox"/> Recommended by |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Financial Times ranking   | .....                                   |
| <input type="checkbox"/> Social media    | <input type="checkbox"/> Mailing                   | <i>First name, Last name</i>            |
| <input type="checkbox"/> email           | <input type="checkbox"/> Human Resource department | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Print ad        | <input type="checkbox"/> Prior enrollment          | .....                                   |

**7 CONSENT**

With sending this application form, the contracting partner accepts the terms and conditions, which can be found at [www.esmt.org/gtc](http://www.esmt.org/gtc). This includes the processing of personal data of the contractual partner (see section 7 of the GTC) in compliance with the provisions of the GDPR. The contract results with the enrollment confirmation of the ESMT Admissions Team. Please also take note that the customer has the right to cancel, as defined in § 13 BGB [Bürgerliches Gesetzbuch – German Civil Code]. The Admissions Team would be happy to assist you with further inquiries regarding programs and the application procedure. Please call +49 30 212 31 3130.

**8 MARKETING PREFERENCES**

Please check the box if you would like to receive the ESMT newsletter for:

- Executive Education in English
- Executive Education in German
- HR

You can unsubscribe or change your preferences at anytime at [info@esmt.org](mailto:info@esmt.org).

.....  
*Location / date\**