

EDP Application

November 2-10, 2024

First Name	Middle Initial	Last Name
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Home Address	City	State/Province	Postal Code	Country
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Day Telephone	Email Address	Date of Birth (MM/DD/YYYY)
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Preferred First and Last Name for Name Badge (informal)	Preferred Formal Name for Certificate
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Corporate Entity or Parent Company	Your Property Name
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Property Address	City	State/Province	Postal Code	Country
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Position/Title	Length of Time in Current Position
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Name and Title of Supervisor	Supervisor Email Address
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Special Requirements or Dietary Needs

Education

Gross Revenue in USD (specify company or property)	Total Number of Employees in your Organization
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Describe the area for which you are responsible and relate it to the total company in terms of size, operation, and independent responsibility.

I hereby grant the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno (hereinafter "the University") permission to interview me and/or to use in perpetuity my likeness and voice in photograph(s) and recordings — audio, visual and both — in any and all of its publications, in any and all other media, current or future, controlled by the University, and for any other use by the University. I acknowledge the University's right to edit, crop or treat the photographs and/or recordings at its discretion. I will make no monetary or other claim against the University for the use of the interview or my likeness or voice. I hereby release the University from any and all claims for any damages or other relief whatsoever related to the University's use of my interview, my likeness or voice.

Circle One: Yes No

Employer Sponsored

Company or Individual Billing Name

Company or Individual Billing Telephone

Company or Individual Billing Address

Company or Individual Billing Contact Person and Email Address

Signature of Authorized Company Representative

Printed Name of Authorized Company Representative

Please indicate payment method by circling one. Payment should be made to Board of Regents.

Credit card Check *Wire transfer PO# _____ Other _____

Please Note: You are not enrolled until payment for your deposit has been received.

*If you need to pay by wire transfer, our banking data will be emailed to the Billing Contact Person at the address above.

Return the PDF application by:

Mail: Executive Development Program
18600 Wedge Parkway
Redfield Campus Bldg. A
Reno, NV 89511 USA

FAX: 1 (775) 784-4801 or **Email:** ExtendedStudies@unr.edu

Payment, Registration and Cancellation Information

Tuition:

- \$9,600 per participant
- \$9,300 early bird per participant (ends Oct. 1, 2024)
- \$9,300 multi-registration (two or more) per participant
- \$9,100 early bird multi-registration (two or more) per participant (ends Oct. 1, 2024)

This is a binding payment agreement that reserves space in the class for the applicant. Upon receipt of this form AND processing of payment, Extended Studies considers the applicant formally enrolled in the class.

A \$500 processing fee will be assessed for any cancellations made prior to Oct. 14, 2024. No refunds will be given for cancellations after that date. However, the organization may identify a replacement to the program at full credit. Notification of cancellation must be made in writing. Failure to follow the cancellation policy renders the signer responsible for the entire course fee. The signer may be liable for any costs incurred for collections of fees.

Applicant: I understand if the company/agency declines to pay Extended Studies for any reason, I may be liable for the entire course and/or materials fees and any costs incurred for collection of fees.

Signature of Applicant

Date