



2019 E4 Carolinas Leadership Programs

PERSONAL INFORMATION

Please complete this form and return your application kellyperkins@e4carolinas.org

Application for:

- Nuclear Energy Leaders (NEL, Nuclear Focus)**
- Emerging Leaders (E4E, Broad industry)**
- Carolinas Energy Executive Leaders (CEEL)**

Legal Name: _____

Preferred Name if Different: _____

Company Name: _____

Job Title and Department: _____

Business phone: _____

Office Address: _____

Email address: _____

Mobile number: _____

Home Address: _____

Country of Citizenship: _____

Date of Birth: _____

Physical/Dietary Restrictions: _____

Supervisor Contact Information

*Referring Supervisor Name: _____

Supervisors Title _____

Phone: _____

Email address: _____

***Please provide a letter of recommendation on company letterhead from your supervisor that shows support for your participation in the 2019 Leadership Program.**

Billing Information

Email invoice to: _____

Copy invoice to: _____



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Emergency Contact Information

Full Name: _____

Phone Number: _____

Relationship: _____

Other Required Information

Please provide the E4 Carolinas Staff with a **headshot** and **short bio** to be included in a 2019 participant directory.

Please subscribe to the Energy News Weekly so that you can be in the know on what is going on with E4 Carolinas: [Subscribe Now](#)

****IMPORTANT****

It is very important that you or your manager contact the IT department at your company and request that @e4carolinas.org domain name be added to their safe sender list. If we are on some sort of blocked sender list you will most likely be missing important information needed to participate in the 2019 Leadership Program.



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E⁴ CAROLINAS, INC.

PHOTO RELEASE

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I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

Please check one:

I am over the age of eighteen (18) years and I have read the foregoing and fully and completely understand the contents hereof.

I represent that the subject of the Photographs is a minor and that I am the parent of the minor, and that I have read the foregoing and completely understand the contents hereof.

Name of Subject (please print): _____

Signature of Subject: _____

Date: _____