



ASSOCIATION FOR
Early Learning Leaders

National Accreditation Commission
FOR EARLY CARE AND EDUCATION PROGRAMS

Please return completed form to:
Lori Buxton, Managing Director
lori@earlylearningleaders.org

EXECUTIVE INVITATIONAL SERIES APPLICATION

This premiere event is exclusively designed for and limited to single and multi-site owners, executive level leaders, and policymakers who are part of programs that provide direct care and education services to young children. Please read the event overview for qualification details. If you are not sure if your role qualifies for participation, please email lori@earlylearningleaders.org. Submission of this application indicates acceptance of the event code of conduct and understanding of the participation criteria. Information collected is protected and used only for the purpose of understanding the needs and demographic of our audience as it relates to event planning and global purchasing power. No individual's financial information will be shared with third parties.

Name:

Title:

Name of Center/Business:

Address:

City, State, Zip:

Business Phone:

Cell Phone:

Email Address:

Years in Early Education Management, Administration or Other:

Years of Business Ownership or oversight:

Multi-Site: ___ Single Site: ___ If multi, number of locations:

Single Brand: ___ Multi-Brands: ___ If multi, please list:

If you are not an owner, who do you report to? ___ Owner ___ Board ___ Council ___ Other: _____

If you are an owner, are you a ___ Sole owner ___ Percentage Owner: ___ %

Is this business family owned/operated? If yes, through how many generations?

Current Center (Total) Licensed Capacity: Total Annual Gross Revenue: \$

How did you hear about this event? ___ Email ___ Website ___ Social Media ___ Exchange Magazine
___ Invited By: ___ Other:

Please include anything else you would like to share regarding your business, position, or agency:

Applicant Signature

Date

For Office Use Only:
Received By: _____ Date: _____
___ Accepted ___ Under Review ___ Declined
Notification Date: _____