



**EXECUTIVE BLOCKCHAIN LABORATORY**  
TOWARDS TRANSFORMATIONAL GOVERNANCE

## APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: \_\_\_\_\_

Please answer all questions and type or print legibly. This application must be fully completed and signed before review by the Administration Committee.

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## GENERAL INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_ DIVISION (if applicable) \_\_\_\_\_

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

COMPANY/ORGANIZATION ADDRESS: \_\_\_\_\_

COMPANY/ORGANIZATION TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY/ORGANIZATION WEBSITE: \_\_\_\_\_

ULTIMATE PARENT COMPANY: \_\_\_\_\_

YOUR HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ MOBILE TELEPHONE: \_\_\_\_\_

PREFERRED MAILING ADDRESS:  BUSINESS ADDRESS  HOME ADDRESS

## LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for participation in Executive Blockchain Laboratory executive education programs.

## PLEASE RETURN THIS APPLICATION:

**ONLINE:**

Applications may be submitted online at:  
[www.executiveblockchainlaboratory.ro](http://www.executiveblockchainlaboratory.ro)

**EMAIL:**

Applications may be submitted via email to:  
[ebcl@ici.ro](mailto:ebcl@ici.ro)

For questions on the status of your submitted application, please email  
[ebcl@ici.ro](mailto:ebcl@ici.ro) or call **+40 736 880 721**.

**CONFIDENTIAL:** The information you provide below is for use by the Admission Committee only.

## ORGANIZATION

YOUR ULTIMATE PARENT COMPANY: \_\_\_\_\_ YOUR COMPANY/DIVISION: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

How many reporting levels are above you, including the CEO or the parent company? \_\_\_\_\_

What is the title of the person to whom you report? \_\_\_\_\_

Please describe your organizational hierarchy or provide an organizational chart. \_\_\_\_\_

### PLEASE CHECK YOUR CURRENT INDUSTRY *(check one only)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Agriculture       | <input type="checkbox"/> Entertainment   | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Apparel           | <input type="checkbox"/> Environmental   | <input type="checkbox"/> Raw Materials         |
| <input type="checkbox"/> Banking           | <input type="checkbox"/> Finance         | <input type="checkbox"/> Real Estate           |
| <input type="checkbox"/> Biotechnology     | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Recreation            |
| <input type="checkbox"/> Chemicals         | <input type="checkbox"/> Government      | <input type="checkbox"/> Retail                |
| <input type="checkbox"/> Communications    | <input type="checkbox"/> Health Care     | <input type="checkbox"/> Shipping              |
| <input type="checkbox"/> Construction      | <input type="checkbox"/> Hospitality     | <input type="checkbox"/> Technology            |
| <input type="checkbox"/> Consulting        | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Telecommunications    |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Machinery       | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> Education         | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Utilities             |
| <input type="checkbox"/> Electronics       | <input type="checkbox"/> Media           | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Energy            | <input type="checkbox"/> Not For Profit  | <i>specify:</i> _____                          |
| <input type="checkbox"/> Engineering       | <input type="checkbox"/> Pharmaceuticals |  |

### WHAT FUNCTION BEST DESCRIBES YOUR POSITION *(check one only)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting/Control   | <input type="checkbox"/> Logistics                | <input type="checkbox"/> Purchasing             |
| <input type="checkbox"/> Engineering          | <input type="checkbox"/> Manufacturing/Operations | <input type="checkbox"/> Religion               |
| <input type="checkbox"/> Finance              | <input type="checkbox"/> Marketing                | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Medicine                 | <input type="checkbox"/> Sales                  |
| <input type="checkbox"/> General Management   | <input type="checkbox"/> Planning                 | <input type="checkbox"/> Teaching               |
| <input type="checkbox"/> Human Resources      | <input type="checkbox"/> Product Development      | Other   |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Project Management       | <i>specify:</i> _____                           |
| <input type="checkbox"/> Law                  | <input type="checkbox"/> Public Relations         |   |

## WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current or most recent one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM (MM/YYYY)	TO (MMM/YYYY <i>if employed</i> )
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PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: \_\_\_\_\_

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION AND/OR BUSINESS UNIT.

PLEASE DESCRIBE YOUR CURRENT RESPONSIBILITIES, INCLUDING YOUR LEVEL WITHIN THE ORGANIZATION.

PLEASE EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM. ALSO DESCRIBE WHAT YOU THINK OTHER PROGRAM PARTICIPANTS MAY LEARN FROM YOU (E.G. EXPERTISE, SKILLS, PERSPECTIVES).

WHAT ARE THE MOST FORMIDABLE CHALLENGES FACING YOUR ORGANIZATION AND/OR BUSINESS UNIT?

## EDUCATION

DEGREE (check only highest level attained)

High School     Two Year College     BS/BA     MS/MA     MBA  
 JD/Law     PhD     MD     Foreign Diploma     Other

UNIVERSITY: \_\_\_\_\_ YEAR: \_\_\_\_\_

### HAVE YOU ATTENDED OTHER ICI BUHAREST EDUCATIONAL PROGRAMMES?

PROGRAM NAME	DATE

### HOW DID YOU HEAR ABOUT THIS PROGRAM?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Direct mail package              | <input type="checkbox"/> Online advertisement  | <input type="checkbox"/> Social Media           |
| <input type="checkbox"/> EBCL email notification          | <input type="checkbox"/> Podcast advertisement | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> EBCL Executive Education website | <input type="checkbox"/> Print advertisement   |   |
| <input type="checkbox"/> Internet research                | <input type="checkbox"/> Radio advertisement   |   |

### IF YOU SAW DIGITAL ADVERTISEMENT, PLEASE SPECIFY WHERE:

- |   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Linkedin               | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> EBCL official website  | <input type="checkbox"/> Blogs    | <input type="checkbox"/> Portals |
| <input type="checkbox"/> Other (specify): _____ |                                   |                                  |

## CANCELLATION POLICY

Payment is due within 30 days of the invoice date. Cancellations or deferrals must be submitted in writing more than 30 days before the program start date to receive a full refund. Due to program demand and the volume of preprogram preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of one-half of the program fee. Requests received within 14 days of the program start date are subject to full payment of the program fee.

Upon acceptance, payment is required prior to the program start date.

I have read the cancellation policy and agree to the terms stated. (please initial here) \_\_\_\_\_

## BILLING INFORMATION

An invoice will be emailed to the individual indicated below.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ Mr./Mrs: \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

COMPANY/ORGANIZATION ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*Executive Blockchain Laboratory (EBCL) is governed by a set of community values that foster, honesty, respect for others, and accountability for one's actions. EBCL considers these values essential for a safe and productive learning environment for all.*