

DSG Affiliation Proposal Form

Name: _____

Your Institute or Organization:: _____

Mailing Address: _____

_____ Country: _____

Telephone: _____ E-Mail: _____

Website: _____

For which program (Next Generation Entrepreneur, Collective Intelligence, Conscious Leadership and Resilience) are you interested in being affiliated?

Dates of the program (must add up to a minimum of 8 days). How many sessions and how many days per session?

Location:

Address: _____

Country: _____

How many participants do you expect to have in your program?

How many resource people?

How will you advertise the program?

___ Internet

___ Individual mailers (postcards, brochures, etc.)

___ Announcements in other advertising (please specify)

Will there be other trainers in your program? If so, who are they and what are their training backgrounds?

Signature: _____

Date: _____