



515B West Market | PO Box 21 | Dexter MO 63841

2020 Leadership Dexter Program Participation Application

Participant Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

EMPLOYERS AGREEMENT

I fully support the applicant for the 2020 Leadership Dexter program and I represent that his/her employer is willing to make available the necessary time for full participation in **all scheduled classes and activities**. The Seven Programs will last from 8:00 AM until 1:00 PM the third Thursday of each month (Mar., Apr., May, June, July, Aug., Sept.) and requested attendance at the Annual Awards Event in February 2020 to receive their completion certificate.

Signature: _____ Date: _____

APPLICANT'S AGREEMENT

If selected as a participant in Leadership Dexter, I am willing to attend all functions sponsored by the program, and I understand **attendance is mandatory**. I understand if I fail to meet any obligations of the program, I may be asked to withdraw and may not graduate with my class. I understand I am to notify the Chamber office when I am unable to attend a session. **I understand that if I miss more than one session, I will need to make up the session the following year in order to graduate.**

Signature: _____ Date: _____

TUITION

The tuition fee is **\$200 for Dexter Chamber of Commerce members or \$250 for non-Chamber members**. Tuition covers supplies, meals, and speakers during the sessions. **Tuition must be paid in full by February 7, 2020 and is non-refundable.** Tuition Paid By: _____ personally _____ by my firm

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