



HR MASTERY GROUP APPLICATION

Name:		Title:	
Company:		Address:	
City:		State:	Zip:
Phone:		Cell Phone:	
Email:			
Total number of years experience in HR:		Number of employees reporting to you:	
Number of employees in organization:		Number of employees in HR department:	
Company Status: <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Sector			
Rank your preferred meeting times from 1 - 4 with 1 being your first choice: <input type="checkbox"/> Early morning: 7:30 - 9:30 <input type="checkbox"/> Late morning: 10:00 - 12:00 <input type="checkbox"/> Midday: 11:00 - 1:00 <input type="checkbox"/> Late afternoon: 3:00 - 5:00 <input type="checkbox"/> Other _____		Rank your preferred meeting day from 1 - 5 with 1 being your first choice: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
What issues/topics would you like us to include in your Mastery meetings? (Note: Each group will be surveyed in more detail to plan the year.)			
When is the best time for Arlene to contact you?			
How did you learn about HR Mastery Groups?			
Additional comments or information:			

Email your completed application to Arlene Vernon at Arlene@ArleneVernon.com