Name:Click here to enter text.  
Title/Position:Click here to enter text.  
Organization/Affiliation:Click here to enter text.  
Address: Click here to enter text.  
City, State, ZipClick here to enter text.  
Telephone Click here to enter text.  
emailClick here to enter text.  
Supervisor’s Name/Title Click here to enter text.

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| **Eligibility** | **Logistics for 8 monthly sessions** |
| To be eligible for this program, you must currently hold a management position in a nonprofit organization and report directly to the executive director, ***who endorses your participation with a brief letter of recommendation sent with this application.***  **Meeting dates are the 3rd Monday of the month, with the exception of January, as follows: 10/14, 11/18, 12/16/19; 1/13, 2/17, 3/16, 4/20, 5/18/20 and (6/15/20 if needed).**  **Please reserve these dates on your calendar as you are expected to attend every session.** | Sessions will be held from 9:30 to 11:30 am at La Salle University’s Founders Hall. The total cost for 8 sessions is as follows:  $395 for Nonprofit Center Member Organizations $470 for Non-Members\*  Once you are accepted, you will receive an invoice for your participation with your confirmation letter, by 9/16/19. **There are no refunds for missed sessions.** \*Must be a member for duration of circle |

**Please choose preferred format (please number 1, 2, 3 by preference):**In-person sessions only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**:** Click here to enter text.  
Virtual sessions only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Click here to enter text.  
Either In-person or Virtual is acceptable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : Click here to enter text.

**Agreement:** I commit to attend all sessions of the Peer Learning Circle and agree to make payment in full prior to the first session, unless otherwise agreed to in writing by both parties. I understand that I will receive no refund/credit for any missed sessions. **I agree to respect the confidentiality of the circle. Signature/Date** \_\_\_\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 **Executive Director Signature/Date** Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_