

# CMI Fall 2009 Candidate Information

Please submit a résumé, a nomination letter signed by an agency head, cabinet secretary or designee, and this form.

Virginia Commonwealth University  
Performance Management Group  
P.O. Box 843024  
Richmond, Virginia 23284-3024  
Fax: (804) 828-6923

**Session 1: October 5-9, 2009**  
**Session 2: October 26-30, 2009**

Mr. Mrs. Ms. Dr. \_\_\_\_\_  
Last name First MI

Preferred name \_\_\_\_\_

Position Agency name \_\_\_\_\_

Mail address (work) City State ZIP code  
Virginia

Phone Fax E-mail \_\_\_\_\_

Years in position Number of staff supervised \_\_\_\_\_

Please advise if the invoice should be sent to a different individual or address than listed above.

**Please respond briefly to the following questions.** (Attach an additional sheet if needed.)

What do you hope to gain from attending the CMI?

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What are the most pressing challenges you face in your role as a manager?

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Please indicate your first preference for a session date with a "1," your second preference with a "2."

If you are unable to attend a session, enter "0." Although we try to accommodate preferences, we are not always able to do so.

\_\_\_ Session 1: September 28-October 2, 2009, in Richmond    \_\_\_ Session 2: October 26-30, 2009, in Richmond

I understand the commitment I am making to the CMI and, if selected, will devote the time and energy necessary to ensure my effective participation.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_