



BW
BUSINESS WORLD®

2011 Advanced Program Student Application

Program Locations *(choose one)*

St. Norbert College
June 19-22, 2011
De Pere, WI

Edgewood College
June 26-29, 2011
Madison, WI

To Be Completed By Student

Name _____

Female

Male

Date of Birth: _____

Mailing Address _____

City _____

State _____

Zip Code _____

(Area Code) Phone Number _____

High School Name _____

County _____

Email Address _____

Academic Year Completed in June 2011: Soph Junior Senior

Year you attended BW: 2008 2009 2010

What experience stands out the most to you from BW? _____

What would you like to take away from the BW Advanced program? _____

Do you want to choose a roommate who is interested in attending BW? Yes No

If yes, I request to share a room with:

Name _____

School _____

Send Completed Application to:

Wisconsin Business World®
PO Box 352
Madison, WI 53701-0352
or
Fax: 608-258-3413

For more information:
888-276-7953

Web:
www.wibusinessworld.org

Email: steve@wibusinessworld.org

Teacher Signature

I understand the BW Advanced program is a challenging program. My signature below indicates that I believe this student is a good representative of our school and community, has shown a sincere interest in an advanced role at BW, and will be an active participant at BW.

Signature of Teacher or School Official _____

Date _____

Print Name _____

-OVER-

BW Referrals

An important part of business is networking and building awareness. To help BW's presence in your area grow, please list students you feel would benefit from attending the 1st Year program in 2011:

Student Name & High School: _____	Grade: 9 10 11 (Please circle)
Student Name & High School: _____	Grade: 9 10 11 (Please circle)
Student Name & High School: _____	Grade: 9 10 11 (Please circle)
Student Name & High School: _____	Grade: 9 10 11 (Please circle)

Payment Information

- My \$125 non-refundable registration fee is enclosed. (Please make check or money order payable to *WMC Foundation - Business World*)
- Please send me an invoice for the \$125 registration fee.
- Please charge my credit card for the \$125 registration fee.

Card Brand: MasterCard Visa American Express

Account #: _____ Expires: _____

Name on Card: _____

Signature: _____

If you wish to schedule payment arrangements for the registration fee, please contact the BW office at (888) 276-7953 ext. 2.

Student and Parent Signatures

Student Signature

Date

Parent/Guardian Signature

Date

For More Information

Contact: Steve Benzschawel, Program Director

Toll-Free: 888-276-7953

Fax: 608-258-3413

Email: steve@wibusinessworld.org

Web: www.wibusinessworld.org



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