

Greater Lynn Chamber of Commerce

"Jonathan Kamin" Supervisor Training Program Application

PARTICIPANT INFO & AGREEMENT

Business Name: *(Please Print)* _____

Participant Name: *(Please Print)* _____

Phone: _____ Email: _____

As a Greater Lynn Chamber of Commerce member and Supervisor Training Program participant, I am committed to the following:

- 1. PROFESSIONALISM:** I commit to positive, professional attitude and a willingness to learn.
- 2. PARTICIPATION:** I commit to attending, and actively participating in, all six sessions.

SIGNATURES REQUIRED

Participant: I agree to commit myself to the expectations above, and I understand that failure to comply with the expectations may result in my dismissal from the program.

Name: *(Please Print)* _____

Signature: _____ Date: _____

Manager: I agree to support the above participant in the Supervisor Training Program.

Name: *(Please Print)* _____

Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Greater Lynn Chamber of Commerce

583 Chestnut St., Unit 8 • Lynn, MA 01904 // Email: info@greaterlynnchamber.com