



CERTIFICATE IN THE MANAGEMENT OF INNOVATION Application Form

Full Name:
Name(s) of Additional Attendees:

Institution/ Organization:

E-mail:	Telephone number:
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Mailing Address:

<i>Education Institution</i>	<i>Major</i>	<i>Degree</i>

Professional Experience:

Planned Application of Skills

Please complete this Application Form and make check payable to: **"Kennesaw State University Research & services Foundation" -or- "KSURSF"**.

Mail Form and Check to:
C/O Program Coordinator
Executive Education Programs
Michael J. Coles College of Business
Kennesaw State University
1000 Chastain Road, Mail Drop #3306
Kennesaw, GA 30144-5591

or Hand-in Form and Check to
Program Coordinator
Executive Education Programs
KSU Center (North Entrance)
Executive and Graduate Business Center
3333 Busbee Drive, Suite 431
Kennesaw, GA 30144
Phone: (770) 423-6050
Email: deborah_chambers@kennesaw.edu