



AGC OF ILLINOIS LEADERSHIP ACADEMY APPLICATION FORM

NAME: _____

TITLE: _____

COMPANY: _____

COMPANY ADDRESS: _____

PHONE: _____

(OFFICE)

(CELL)

EMAIL: _____

SHORT BIOGRAPHY:

ENROLLMENT FEE: \$1000

Please return this form to Brittany Kesterson, AGC of Illinois, 3219 Executive Park Drive, Springfield, Illinois 62703. Email: bkesterson@agcil.org