Application Procedures

2018 SALES MASTERS PROGRAM

Sales Masters Week 1: April 15 - 19, 2018, Hilton Chicago/Oak Brook Hills Resort and Conference Center, Oak Brook, IL
Sales Masters Week 2: November 4 – 9, 2018, University of Houston, Houston, TX

Please read these procedures carefully prior to completing the application. Return your completed application via email to bdolim@mcaa.org or mail the original to: Barbara Dolim, MSCA, 1385 Piccard Drive, Rockville, MD 20850.

1. The Sales Masters Program is an intensive nine-day learning experience for intermediate and advanced level sales professionals. The program is limited to 25 participants from MSCA/MCAA member companies. Week 1 will be held April 15 – 19 at the Hilton Chicago/Oak Brook Hills Resort and Conference Center, just outside Chicago, IL. Week 2 will be held November 4 – 9 on the University of Houston campus in Houston, TX.

2. The program will include pre-attendance assignments, daily assignments during the course, and post-program work and follow-up. Evenings spent onsite provide unsurpassed networking opportunities in addition to professional development activities, including one-on-one coaching sessions, team-building events, and small group assignments.

3. Prior to attending the Sales Masters program, it is recommended that the applicant’s sales manager/leader attend the MSCA Sales Leadership Symposium. The sales manager/leader must approve the applicant’s attendance at Sales Masters and commit to working with the applicant on post-program follow-up and action plans.

4. The tuition of $8,500 covers:
   a. Sales Masters Week 1: 30 hours of program instruction; evening activities; breakfast, lunch and snacks each day; two dinners; all program materials; four nights of accommodations at the Hilton Chicago; and complimentary wireless internet in the guest room.
   b. Sales Masters Week 2: 36 hours of program instruction; breakfast, lunch and snacks each day; welcome dinner; graduation dinner; program materials; individualized post-course follow-up; five nights of accommodations at the Hilton University of Houston; complimentary use of the Campus Recreation and Wellness Center; and complimentary wireless internet in the guest room.

   Note: Tuition does not include airfare, ground transportation to/from the hotel, dinners except as noted, or personal expenses.
5. Accepted applicants will be responsible for their own air transportation into the Chicago area for Sales Masters Week 1 [Chicago Midway or O’Hare Airports (both 15 miles)] and into Houston for Sales Masters Week 2 [either Houston Hobby (8 miles) or Houston George Bush International Airport (23 miles)].

6. A single room reservation will be made for each applicant for arrival on April 15 and departure on April 19 at the Hilton Chicago/Oak Brook Hills Resort and Conference Center, for the Sales Masters Week 1 program. A single room reservation will also be made for each applicant for arrival on November 4 and departure on November 9 at the Hilton University of Houston in Houston, TX, for Sales Masters Week 2. Room, taxes and fees are included in the tuition cost. Any additional nights or personal expenses are the responsibility of the attendee. For additional information, contact Sobeida Orantes at saorantes@mcaa.org.

7. Applications will be processed on a first-come, first-serve basis. There is a limit of 25 participants in the class. A payment of $4,500 will be due on February 9, 2018, and $4,000 will be due on October 1, 2018. A waiting list of accepted applicants will be maintained. Individuals on the waiting list will be given priority for admission to the next available course.

8. Cancellation Policy: There is no penalty for withdrawing from the program if your cancellation request is received more than 60 days before the scheduled course date. If cancellations are received within 60 days of the course date, the applicant can be rescheduled for a later course, and any fees already paid will be applied toward the rescheduled course. If an accepted applicant does not wish to re-schedule for a later course, a full refund will be issued only if the applicant’s seat can be filled. Otherwise, all paid tuition, less deposit, will be refunded.
Attendee Information

Name: ____________________________________________   Badge Name: ____________________________________________
Title: ______________________________________________________________________________________________
Company: _____________________________________________________________________________________________
Street Address: _______________________________________________________________________________________
City: ____________________________________________  State: _________________   ZIP Code: ______________________
Company Phone: ___________________________________  Cell Phone: ____________________  Email: ______________
Sales Manager’s Name: ____________________________  Phone: ____________________  Email: ____________________

Please describe your educational background: ____________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Please describe your professional sales experience and current position: __________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

How many years have you been in your current position? ___________ How many years have you been in sales? __________

Please tell us about your company (i.e. types of work performed, areas of specialization, volume, etc.)
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

What do you most hope to gain/learn from attending the MSCA Sales Masters program?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

☐ I attest that the information I have provided for this application is accurate to the best of my knowledge.

☐ My service manager/leader has attended the MSCA Sales Leadership Symposium.

Signature of Applicant: _______________________________________________________________________________________

Signature of Sales Manager/Leader: _____________________________________________________________________________
Payment Information

Tuition of $8,500 due as follows:

- $4,500 due February 9, 2018
- $4,000 due October 1, 2018

☐ Check (Payable to MSCA) ☐ AMEX ☐ MC ☐ VISA ☐ Charge this credit card for both payments.

Account Number: ________________________________________________________  Expiration: _____________________________
Cardholder Name ____________________________________________________  Billing ZIP Code: _____________________________

Amount: ______________________________________________________________________________________________________

Signature:  ____________________________________________________________________________________________________

You will be invoiced for the final payment.

Class size is limited. Applications will be processed in the order they are received.
For the cancellation policy, please review the application instructions.

Return completed application to:

Barbara Dolim
MSCA
1385 Piccard Drive
Rockville, MD 20850
bdolim@mcaa.org
FAX: 240-238-7261