



## Mentoring Program Registration Form

Yes, I would like to participate in the IABC/Detroit Mentoring Program as a:

Mentor (more than 7 years experience)  Mentee (less than 7 years experience)

My area(s) of expertise or interest:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Executive Communications | <input type="checkbox"/> Internal Communications       | <input type="checkbox"/> Public Relations      |
| <input type="checkbox"/> Corporate Communications | <input type="checkbox"/> Public Affairs                | <input type="checkbox"/> Crisis Communications |
| <input type="checkbox"/> HR Communications        | <input type="checkbox"/> Marketing Communications      | <input type="checkbox"/> E-communications      |
| <input type="checkbox"/> Writing and Editing      | <input type="checkbox"/> Investor Relations            | <input type="checkbox"/> Change Management     |
| <input type="checkbox"/> External Communications  | <input type="checkbox"/> Social Media/Digital Strategy | <input type="checkbox"/> Other                 |

Please list three key takeaways that you are looking for from this opportunity:

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Why would you make a good mentor/mentee?

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Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Years of communications experience: \_\_\_\_\_ LinkedIn URL: \_\_\_\_\_

I would prefer to be contacted by:  phone  email

**\* Match committee will review and pair mentors/mentees based on alignment of mutual goals and experience. We will notify the mentor/mentee by the method they have listed above. All applications will remain confidential.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_