

CERTIFICATION FORM FAMILY BUSINESS INSTITUTE

INSTITUTE OF FAMILY BUSINESS AND ENTREPRENEURIAL BUSINESS

BECOME FAMILY BUSINESS CERTIFIED

AFFILIATION

Name: _____

Organization: _____

Number of Employees: _____

Position: _____

If you are only a Family Member (an owner without a position in the Business), please state it: _____

Were you a participant in any of the activities of the Institute? _____

CONTACT DETAILS

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

HIGHEST DEGREE EARNED

University Name: _____

University Name: _____

School Name: _____

Kindly provide a copy of the highest degree

APPLICATIONS

Please fill in the present application form and return it to the Institute of Family and Entrepreneurial Business at LAU. **Tel:** 961 – 9 - 54 72 54 **Extension:** 2348; **Fax:** 961 – 9 - 54 72 56 attention Dr. Josiane Fahed- Sreih; **E-mail:** jsreih@lau.edu.lb

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