



Innovation Master Mind

Application for Introductory Group Membership

Please complete this form and email to: teresa@globalnpsolutions.com

Your name:

email address:

Cell Phone number:

What is your current innovation role? (e.g. New Product Development team member, R&D manager, Chief Innovation Officer, etc.)

What is the primary industry in which you work? (e.g. healthcare, petrochemicals, consumer packaged goods, etc. For confidentiality purposes and to maintain open & honest communication, any master mind group will NOT involve members from the same industry.)

Describe your current job, including day-to-day activities: (Include at least one activity/task that you find energizing and one task/activity that is demotivating.)

Do you have a personal mission statement? If yes, please include it here.

What are your immediate goals (less than one year) for your innovation program? (Please list at least 3 goals.)

What are your longer-term (3-5 years) goals for your innovation career? (Please include at least 3 goals or objectives that you want to accomplish personally or professionally, e.g. NPDP certification, introduce portfolio management, etc.)

How will you find time to participate in the MasterMind Group meetings & message boards? (We will hold virtual meetings once a month for 2 hours during a typical M-F, 8-5 workday in the US. Discussion board participation is asynchronous.)

What is your commitment to moving forward with your professional and personal innovation goals? (Participation is required monthly for 6 months. You will be given payment plan options but must commit to the full 6 months in order for all master mind participants to be guaranteed a full and rewarding experience.)

Why should you be chosen to participate in this group? (Convince us that you're the kind of person who doesn't just *talk* about improving innovation, but instead you're the kind of person who DOES something about it! Convince us that you're going to commit to this Innovation Master Mind (IMM) group so that the rest of the participants know they can rely upon you.)

Mailing Address:

Your Birthday (month and date):