



Board Shareholder Engagement (BSE)

Application for Admission

COURSE OVERVIEW

The oversight of and engagement with shareholder investors is one of the most critical and challenging roles for a Director of a public company. The Board-Shareholder Engagement Program will provide participants with strategies, ideas and practical tools for engaging shareholders, activists, and potential investors to enhance dialogue, better manage communications and proactively manage shareholder relations.

LEARNING OBJECTIVES

Important topics to be discussed in the Program include:

- The implications of the complex legal duties and responsibilities of Directors and shareholders during the engagement process
- How to enhance dialogue as part of ongoing communications
- The changing nature of ESG is bringing new challenges for boardrooms and management
- How to prepare for and what to expect in an activist campaign

WHO WOULD BENEFIT? WHO SHOULD ATTEND?

The Board-Shareholder Engagement Program is suitable for:

- Directors of publicly listed companies
- Institutional investors and shareholders
- Graduates of the ICD-Rotman Directors Education Program

NOTICE OF ADMISSION

Applicants will be updated on the status of their application by email within 2 business weeks of receipt of an application.

MEMBERSHIP IN THE ICD

The Institute of Corporate Directors is committed to providing its members with a wide range of tools, resources and services that support them in being effective directors and creating high-performing boards. If you are currently a non-member of the ICD, included in your course fee is a one-year ICD membership.

COURSE FEE

For ICD.Ds with membership in good standing: \$950 Plus Applicable Taxes (see below chart)

For current ICD members: \$1,050 Plus Applicable Taxes (see below chart)

For non-members: \$1,395 Plus Applicable Taxes (see below chart)

APPLICABLE TAXES: (Taxes are based on program location, not the applicant's address)

Location	AB	BC	MB	NL	NS	ON	QC	SK
Applicable Tax Rate	5%	5%	5%	15%	15%	13%	14.975%	5%



Board Shareholder Engagement Application Form

City _____ BSE Course Location (City) _____ Course Start Date _____

Should class space not be available for the course to which you have applied – would you like your application forwarded to the next available class?

Yes No If Yes, please note the preferred city _____

APPLICANT

Mr. Ms. Mrs. Dr.

Last Name _____ First Name _____ Middle Initial _____

Preferred Name _____

BUSINESS CONTACT DETAILS

Street Address _____ Suite Number _____

City _____ Province/State _____ Postal/Zip Code _____

Telephone _____ Ext. _____ Fax _____ Participant E-mail _____

Assistant's E-mail _____ Company Web site _____

HOME CONTACT DETAILS

Street Address _____ Suite Number _____

City _____ Province/State _____ Postal/Zip Code _____

Telephone _____ Fax _____

Cellular _____

Preferred mailing address: Business Home

ICD MEMBERSHIP STATUS

ICD Member? Yes No

Member Since: _____

ICD Chapter: _____

Member ID: _____

*If you require assistance with your membership information, please contact the ICD at membership@icd.ca or 1.877.593.7741 x289.

CURRENT EMPLOYMENT

Current Title/Position _____

Company/Organization _____

Type of Company: Public For Profit Private For Profit Commercial Crown Not-For-Profit (including NFP Crowns)

Company Size (by annual gross revenue): Under \$500 million Over \$500 million Over \$1 billion

Industry Sector (select one from the choices below):

- | | | |
|--|---|---|
| <input type="checkbox"/> Academia & Education | <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Environment | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Accounting & Financial Services | <input type="checkbox"/> Government | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Agriculture & Food Production | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Retail & Consumer Products |
| <input type="checkbox"/> Aviation & Aerospace | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Security & Defense |
| <input type="checkbox"/> Banking, Finance & Investments | <input type="checkbox"/> Industrial | <input type="checkbox"/> Tourism & Hospitality |
| <input type="checkbox"/> Broadcasting & Telecommunications | <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Medical & Healthcare | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Consumer Products & Manufacturing | <input type="checkbox"/> Mining | |
| <input type="checkbox"/> Energy & Power | | |

PREVIOUS EMPLOYMENT EXPERIENCE

1. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

2. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

3. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

4. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

5. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

EDUCATION (where you earned your highest degree)

Name of institution Degree Earned Year of Graduation

PLEASE LIST BOARD EXPERIENCE

ORGANIZATION	TYPE OF COMPANY i.e.: Public For Profit, Private For Profit, Commercial Crown, Not-For-Profit (including NFP Crowns)	SIZE OF ORGANIZATION REVENUE i.e.: Under \$500 million, Over \$500 million, Over \$1 billion	INDUSTRY SECTOR Refer to industry sector selection on page 3 under Current Employment.	BOARD POSITION i.e.: Chair, Vice-Chair, Audit Committee Chair, Governance Committee Member	YEARS SERVED i.e.: 2001-2005

CANCELLATION POLICY

Refunds will be given for cancellations received in writing to the ICD no later than 14 days before the start date of the course, and will be subject to an administrative fee of \$250 (plus applicable taxes). No refunds or credits will be provided for cancellations received less than 14 days before the start date of the course. Non-attendance will incur the full course fee. Should the ICD need to cancel or postpone a course offering, applicants will be issued a full refund. Complimentary membership will be revoked in case of a refund.

COLLECTION OF PERSONAL INFORMATION AND PROTECTION OF PRIVACY

For more details visit www.icd.ca/privacy.

DECLARATION

I hereby certify that all statements on the application and in any material filed in support hereof are true, correct and complete and all material information has been disclosed. I understand that if the Institute of Corporate Directors (ICD) finds to the contrary, my association with, admission to, or registration in the course may be rescinded and cancelled after notice in writing to me. Once registered in the BSE course, I understand that I am fully responsible for all fee payments. I pledge to conduct myself in a manner of integrity, honesty and respect for individuals in the ICD community. If I am found to act in a manner contrary to the aforementioned values, I understand that I may be required to withdraw from the course.

SIGNATURE

Applicant's Signature

Date

PLEASE SEND YOUR COMPLETED APPLICATION FORM TO:

Institute of Corporate Directors
Attn: BSE registration administrator
2701–250 Yonge Street, Toronto, ON Canada M5B 2L7
T: 416.593.7741 x289
T: 1.877.593.7741 x289
F: 1.888.398.4794
education@icd.ca
www.icd.ca

METHOD OF PAYMENT

- Enclosed, please find my cheque payable to the **Institute of Corporate Directors**
- I would like to make payment by: Visa MasterCard
- For ICD.Ds with membership in good standing: \$950 Plus Applicable Taxes (see chart on page 1)
- For current ICD members: \$1,050 Plus Applicable Taxes (see chart on page 1)
- For non-members: \$1,395 Plus Applicable Taxes (see chart on page 1)

 Card #

 Expiry Date (mm/yy)

 Name on Card

 Signature of Applicant

 Authorized cardholder signature (if different from applicant)

 Date

Course fees are due at the time of application. In the event that the applicant is not admitted into the course, a refund will be issued.

SOCIAL INSURANCE NUMBER

The Canada Revenue Agency (CRA) requires not-for-profit and educational institutions to include a Social Insurance Number (SIN) with all filings of the T2202 Education and Textbook Amounts Certificate form. The ICD must provide this information to the CRA in order to issue course participants a receipt for income tax purposes.

If you wish to provide this information through our secure webpage, please indicate so below and visit <https://icd.ca/secureSIN>. If you DO NOT require a receipt for income tax purposes, we kindly ask that you click the box below and confirm your decision to decline.

For more information regarding the new CRA requirements, please refer to the [CRA website](#).

- Online Submission
- OPT OUT – No Tax Receipt Required

 SIN

 Applicant's Signature
