
QUICK APPLICATION FORM

INTRODUCTION

Please fill this form offline, save it and use [this link](#) to upload it or send it to cyel@jci.lu.

All fields with « * » are required. However, if any confidential information cannot be written in this form, please mention it and we will discuss this point with you.

For any request, please send an email to: cyel@jci.lu.

CANDIDATE INFORMATION

Participants must be between 18 and 40 years of age. Nominees born before January 1, 1977, are not eligible for the Creative Young Entrepreneur Award.

Title

First Name*

Last Name*

Email*

Phone Number*

Date of Birth*

Company Name*

Company Number (RCS)*

Address (street)*

Zip Code, City, Country*

Phone Number

Website

GOLD SPONSOR



SILVER SPONSORS



BRONZE SPONSORS



MEDIA PARTNER



YOUR BUSINESS

Describe the company: name, core activities, size, market, positioning, stage of development, etc.*

text exceeding box size will NOT be printed

Year of establishment*

What makes the product or service innovative?*

text exceeding box size will NOT be printed



YOU AS CANDIDATE IN THE BUSINESS

Describe your role and responsibilities in the business.*

text exceeding box size will NOT be printed

Candidate's company share (%)*

Are you actively involved in top management?*

When did you start assuming management responsibility?* (year)

| | |
|-----|----|
| yes | no |
|-----|----|

What do you personally do differently compared to others?*

e.g. in product or service development, marketing, people management, etc.

text exceeding box size will NOT be printed

Thank you for completing the form.

Now, it is time to save your file and upload it on www.cyel.lu or send it to cyel@jci.lu.

The CYEL Committee will review the form and confirm whether you are eligible to the CYEL awards. In that case, you will be invited to the next round. Good luck !

