



WORLD BANK
FAMILY NETWORK

WBFN in joint partnership with WBG
SPOUSE/PARTNER ORIENTATION PROGRAM
REGISTRATION FORM

Date of Submission

Staff Member

Last Name: First Name:

Work Phone #: UPI #:

Spouse/Partner

Last Name: First Name:

Nationality(ies): UPI #:

Spouse/Partner E-mail:

Languages:

Your Address in the Washington Area

Street:

City: State: Zip:

Home Phone #: Cell Phone #:

Is this your permanent address? Yes ☐ No ☐ If no, when do you plan to move (approximate date)?

Please select the date you wish to attend (Scheduled Time: 9:30am - 3:00pm)

September 22, 2016 ☐

December 1, 2016 ☐

February 16, 2017 ☐

April 27, 2017 ☐

I need information on temporary childcare ☐