



First Name: _____ (First name for badge) _____

Family Name: _____

Organization: _____

Title: _____

Address: _____

Affiliation:

☐ Financial Institution

☐ Bank

☐ Research

☐ Academia

☐ Central Bank

☐ Regulator/Supervisor

☐ NGO – Education

☐ Others (please specify).....

☐ NGO – Capacity Building

City: _____ **State/Province:** _____

Postal Code: _____ **Country:** _____

Telephone: (_____) _____ **Fax:** (_____) _____

Email: _____

Dietary preference:

Vegetarian meals required: ☐ Yes

For other Dietary requirements, please specify: _____

Please kindly mail or fax completed registration form to

Ms. Ruzita Binti Ahmad

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