# 2022 BOULDER ONLINE RAFP PROGRAM IN ENGLISH

# REGISTRATION FORM

### Please read the form below carefully and provide the requested information

### \* mark means mandatory field

|  |  |
| --- | --- |
| **PERSONAL DATA** | |
| Which languages do you speak fluently? \* |  |
| First name / Given name \* |  |
| Family name(s) / Surname \* |  |
| Gender \* |  |
| **WORK INFORMATION** | |
| Institution you work for \* |  |
| Type of institution \* |  |
| Job Title \* |  |
| Job Type \* |  |
| Level of responsibility \* |  |
| City \* |  |
| Country \* |  |
| Phone: (country code) (city code) (phone number) \* |  |
| E-mail \* |  |
| **PERSONAL INFORMATION** | |
| Second E-mail address |  |
| Cell Phone: (country code) (city code) (phone number) |  |
| Short bio for participant directory (no more than 240 characters) |  |
| **SPONSOR** | |
| Type of sponsor \* |  |
| Name of tuition sponsor \* |  |
| Contact person \* |  |
| Sponsor contact's email \* |  |
| City \* |  |
| Country \* |  |
| Phone: (country code) (city code) (phone number) /extension \* |  |
| **EXPERIENCE** | |
| How did you learn about the Boulder Online Digital program? \* |  |
| How would you rate your knowledge of microfinance? \* |  |
| Have you attended previous Boulder Institute programs? |  |
| If yes, which program? |  |
| Year(s) you attended |  |

### PLEASE ATTACH A PASSPORT SIZE PICTURE IN JPG FORMAT TOGETHER WITH THIS REGISTRATION FORM

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### I wish to receive Boulder Institute of Microfinance information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |