



## ENROLLMENT FORM

# Developing Inclusive Financial Systems for the Poor

## How Funders Can Support Microfinance Effectively?

November 8-12, 2010

(Monday - Friday)

Name (Mr \_ Ms \_Mrs\_): \_\_\_\_\_ Work Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please mark the course you would like to attend with an X:

I would like to participate in the  5-day course (November 8-12) or  3- day course (November 8-10).

***We would like to learn more about your work and level of involvement in microfinance. When answering the following questions, please bear in mind that it is acceptable for participants to have little or no previous experience with microfinance and/or financial analysis.***

1. Is your agency currently funding microfinance initiatives?
2. Please describe any responsibility you have for microfinance programs/investments (design, approval, monitoring, etc.).
3. Do you personally have any experience in microfinance?
4. Do you have experience dealing with financial statements and microfinance ratios?
5. What do you expect to learn from this course?
6. How do you anticipate applying what you have learned?
7. What is your level of spoken and written English?

***By submitting this enrollment form, you confirm your interest in the course and your intention to cover all participation costs including tuition fees. CGAP will review your application and will inform you as quickly as possible whether you have been accepted. Successful applicants will receive formal confirmation and additional logistical information.***

A \$1,000 charge will apply to all confirmed participants who cancel after October 22. **The full tuition fee will apply to all confirmed participants who cancel after October 29.** Insurance: Tuition does not include basic accident and health coverage. Liability: Participants are solely responsible for all charges/expenses incurred during the workshop. Please sign below and email the completed form to Estelle Lahaye (elahaye@cgap.org) or fax it to +1 202 522 3744.

**I understand and agree to all the terms and conditions outlined in the Enrollment Form above.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_