



**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 21, 2017

December 14, 2017

February 15, 2018

April 26, 2018

I need information on temporary childcare