

*Post-crisis financial supervision & regulation
in Europe and the US*

Brussels & Washington, DC / August 29-September 2, 2011

ATLANTIC
& PACIFIC
EXCHANGE PROGRAM

- YES, I want to register as a participant in this program
 NO, no one from my organization will participate in this program*

**(If you ticked NO, only fill out Name and Organization)*

Registration Form

Last Name (as on passport):
First/Christian Names (as on passport):
Given Name ("roepnaam"):
Position/Function:
Title (drs., dr., mr., ir., ing., etc.):
Company/Organization:

Postal Address:	P.O. Box/Street:
	Postal code: City:
Invoice Address:	If the invoice for your participation needs to be sent to a different address, to the attention of a particular person/department, or with a special reference number, please fill out the following:
	P.O. Box/Street:
	Postal code: City:
	To the attention of/ Reference number:

Work phone:	Mobile phone:
E-mail:	

Date of birth:	Passport number:
Nationality:	Expiration date:

Any special requirements (disabilities, diet restrictions, etc.)? Please specify:

Signature:	Date:
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Please return this form to:

Atlantic & Pacific Exchange Program
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Fax: (010) 413 2543, E-mail: exchange@apep.nl