



United States Office of Government Ethics
REGISTRATION FORM
Norfolk Ethics Workshops

Registrant's Name: _____
Agency: _____
Phone: () _____
FAX No.: () _____

Please register me for selected workshops (choose ALL or specify which ones):	
<input type="checkbox"/> I plan to attend ALL workshops	
<input type="checkbox"/> OGE Form 450 Review Course	05/04/98 -- 9:00 a.m. - 12:30 p.m.
<input type="checkbox"/> Misuse of Position	05/04/98 -- 1:30 p.m. - 4:00 p.m.
<input type="checkbox"/> Post Employment	05/05/98 -- 9:00 a.m. - 12:00 noon
LOCATION:	General Services Administration Norfolk Federal Building 200 Granby Street - Room 237 (2nd flr) Norfolk, VA 23510 TEL: 757-441-3330
PLEASE FAX THIS FORM TO: Sheila Powers, 202-208-8039	

REGISTRATION DEADLINE: Mon, April 27, 1998. If you must cancel please contact Sheila Powers at 202-208-8000, ext. 1104.

PARTICIPANT INFORMATION (check appropriate items):	
JOB SERIES: <input type="checkbox"/> Attorney <input type="checkbox"/> Personnel <input type="checkbox"/> Mgmt Analyst <input type="checkbox"/> Other: _____	
ETHICS RESPONSIBILITIES:	
<input type="checkbox"/> Written Opinions/Counseling	<input type="checkbox"/> Financial disclosure process
<input type="checkbox"/> Training	<input type="checkbox"/> Administrative actions
<input type="checkbox"/> Evaluation of ethics program	<input type="checkbox"/> Agency reports to OGE
LENGTH OF TIME IN ETHICS AREA: __ years PERCENT OF TIME SPENT IN ETHICS AREA: __%	

FOR OGE USE ONLY

REGISTRATION CONFIRMED: **YES** **NO** (Sorry, class full)
COMMENTS: _____
(OGE Official) SIGNATURE: _____ DATE: _____