



United States Office of Government Ethics
REGISTRATION FORM
Washington, DC 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		
Fri, June 19:	<input type="checkbox"/> Gifts From Outside Sources	9:00 a.m. - 12:00 noon
	<input type="checkbox"/> Gifts Between Employees	1:00 p.m. - 4:00 p.m.
Fri, July 24:	<input type="checkbox"/> OGE Form 450 Review Course	9:00 a.m. - 12:30 p.m.
	<input type="checkbox"/> Post Employment	1:30 p.m. - 4:30 p.m.
LOCATION: Pension Benefit Guaranty Corporation Training Institute - Suite 170 (First Floor) 1200 K Street, NW. (Across I Street from OGE) Washington, DC 20005 (Metro stops: Metro Ctr or McPhrsn Sq)		
PLEASE FAX THIS FORM TO: Sheila Powers, 202-208-8039		

REGISTRATION DEADLINE: Thu, Jun 11 (Jun 19 courses) and Thu, Jul 16 (Jul 24 courses). If you must cancel, please contact Sheila Powers at 202-208-8000, x1104.

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: _____