



United States Office of Government Ethics
REGISTRATION FORM
Exemptions and Waivers Pursuant to 18 U.S.C. § 208
Washington, DC

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

| | |
|---|--|
| Please select ONE course date on Exemptions and Waivers: | |
| <input type="checkbox"/> January 27, 1999 | Wednesday 1:00 p.m. - 4:00 p.m. |
| <input type="checkbox"/> February 3, 1999 | Wednesday 1:00 p.m. - 4:00 p.m. |
| LOCATION: | Department of Labor Conference Ctr C-5521 (5th Flr) - Sem Rm 4 (Jan. 27) Conference Ctr C-5320 (5th Flr) - Sem Rm 6 (Feb. 3) 200 Constitution Avenue, NW. (Metro Stop: Judiciary Square) Washington, DC 20201 202-219-7773 |
| PLEASE FAX THIS FORM TO: Sheila Powers, 202-208-8039 | |

REGISTRATION DEADLINE: January 21, 1999. If you must cancel please contact Sheila Powers, OGE Event Coordinator at 202-208-8000, ext. 1104.

| | |
|---|----------------------------------|
| PARTICIPANT INFORMATION (check appropriate items): | |
| JOB SERIES: () Attorney () Personnel () Mgmt Analyst () Other: _____ | |
| ETHICS RESPONSIBILITIES: | |
| () Written Opinions/Counseling | () Financial disclosure process |
| () Training | () Administrative actions |
| () Evaluation of ethics program | () 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: _____