



United States Office of Government Ethics
REGISTRATION FORM
Washington, DC Introductory Ethics Courses

Registrant's Name: _____
Agency: _____
Phone: _____
Fax No.: _____
E-Mail address: _____

Please register me for selected courses (choose **ALL** or specify which **ones**):

I plan to attend ALL Introductory Courses

Tue, Feb 23:	<input type="checkbox"/> 278 Review	8:30 a.m. - 12:30 p.m.
	<input type="checkbox"/> Misuse	1:30 p.m. - 4:00 p.m.
Wed, Feb 24:	<input type="checkbox"/> Gifts from Outside Sources	9:00 a.m. - 12:00 noon
	<input type="checkbox"/> Gifts Between Employees	1:30 p.m. - 3:30 p.m.

LOCATION: Department of Labor
Room S1011 (First Floor)
200 Constitution Avenue, NW.
Washington, DC 20005 (Metro stop: Judiciary Square)
202-219-7773

PLEASE FAX THIS FORM TO: Sheila Powers, 202-208-8039

REGISTRATION DEADLINE: Thu, Feb 18, 1999. If you must cancel, please contact Sheila Powers at 202-208-8000, x1104.

PARTICIPANT INFORMATION (check appropriate items):

JOB SERIES: Attorney Personnel Mgmt Analyst 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: _____