REGISTRATION FORM

1999 GOVERNMENT ETHICS CONFERENCE
SEPTEMBER 13 - 16, 1999
WILLIAMSBURG MARRIOTT HOTEL
50 KINGSMILL ROAD, WILLIAMSBURG, VA 23185
TEL: 757-220-2500 or 1-800-442-3654

REGISTRATION DEADLINE: JULY 9, 1999
CONFERENCE FEE: $250

PLEASE CHECK ONE: ( ) ATTENDEE ( ) SUBSTITUTE ATTENDEE* ( ) ALTERNATE ATTENDEE**

ATTENDEE NAME: _____

NAME FOR BADGE: _____ **TITLE:** _____

AGENCY/ADDRESS: _____

_____

E-MAIL ADDRESS: _____

OFFICE PHONE #: _____ **OFFICE FAX #:** _____

*Substitute Attendee is replacing (name of previous registrant): _____

******Alternate Attendee MUST indicate their DAEO's priority ranking choice: ( )1st ( )2nd ( )3rd ( )4th ( )5th etc.

NOTE: Alternate Attendee do NOT attach payment with this form, since space is not guaranteed.

COST: CONFERENCE FEE is $250.

PAYMENT: Check ONE method of payment (**payable to U.S. Office of Government Ethics**): ( ) SF 182 ( ) DD 1556 ( ) Personal/Government Check ( )Money Order. **NO CREDIT CARDS ACCEPTED**.

BILLING: Preferred payment is: On-line Payment and Collection System (OPAC) using SF 182, which **MUST** include the 8-digit agency location code (ALC) in block 24; and billing address in block 25 or **REGISTRATION FORM WILL BE RETURNED AS INCOMPLETE**.

REFUNDS: Conference fees are **NONREFUNDABLE**; however, substitute registrants are acceptable.

SPECIAL REQUIREMENTS: Please check ALL that apply or NONE if no special meals or needs are required:

SPECIAL MEALS: ( )None ( )Vegetarian ( )Kosher ( ) Low Fat ( ) Other (explain) _____

SPECIAL NEEDS: ( )None ( ) Physical ( )Hearing ( ) Sight ( ) Other (explain) _____

PLEASE ATTACH PAYMENT TO THIS FORM AND MAIL/FAX BEFORE JULY 9, 1999 TO:

Sheila Powers, Event Coordinator
U.S. Office of Government Ethics
1201 New York Avenue, NW. - Suite 500
Washington, DC 20005-3917

Tel: 202-208-8000, ext. 1104
Fax: 202-208-8039 (or 8038)
E-mail: sapowers@oge.gov

ATTENDEE'S DAEO APPROVAL (REGISTRATION NOT VALID WITHOUT DAEO'S SIGNATURE)

DAEO'S SIGNATURE: _____ PHONE #: _____

---------- FOR OGE USE ONLY ----------

REGISTRATION CONFIRMED: ( )**YES/PAID** ( ) **REMIT PAYMENT ASAP** ( )**NO/SORRY CONFERENCE FULL**

COMMENTS: _____

OGE SIGNATURE: _____ DATE: _____