



United States Office of Government Ethics
REGISTRATION FORM
Intermediate Post Employment
Washington, DC

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

Please select ONE course date on Post Employment:	
<input type="checkbox"/> January 26, 1999	Tuesday 9:00 a.m. - 12:00 noon
<input type="checkbox"/> February 4, 1999	Thursday 9:00 a.m. - 12:00 noon
LOCATION:	Department of Labor Conference Ctr C-5521 (5th Flr) - Sem Rm 4 (Jan. 26) Conference Ctr C-5320 (5th Flr) - Sem Rm 6 (Feb. 4) 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: _____