

## United States Office of Government Ethics *REGISTRATION FORM* Intermediate Ethics Courses–December 8-9, 1999 Chicago, IL

| Registrant's Name:  |                    |                           |                           |          |       |  |
|---|--------------------|---------------------------|---------------------------|----------|-------|--|
| Agency:   |                    |                           |                           |          |       |  |
| Phone:  |                    |                           |                           |          |       |  |
| Fax No.:  |                    |                           |                           |          |       |  |
| E-Mail address:   |                    |                           |                           |          |       |  |
| Note: These courses are s   | pecifically design | ed for <u>experienced</u> | ethics officials          |          |       |  |
| How long have you worked in ethics?   |                    |                           |                           |          |       |  |
| How often do you hand<br>18 U.S.C. § 208:   | dle issues on to   | Monthly                   | y this training?          | Annually | Never |  |
| Waivers & Exemptions:   | U Weekly           |                           | Quarterly                 | Annually | Never |  |
| Post Employment:  | U Weekly           |                           | Quarterly                 | Annually |       |  |
| Please register me for  | selected course    | es (choose ALL c          | or specify which <b>o</b> | nes):    |       |  |
| ( ) I plan to attend ALL Intermediate Courses( ) Wed., Dec. 8: Intermediate 18 U.S.C. § 2088:30 a.m 11:30 a.m.( ) Wed., Dec. 8: Exemptions and Waivers1:00 p.m 4:00 p.m.( ) Thur., Dec. 9: Intermediate Post Employment8:30 a.m 11:30 a.m |                    |                           |                           |          |       |  |
| LOCATION: Department of Labor<br>Kluczynski Federal Building<br>Conference Room 1098 (10th Floor)<br>230 South Dearborn Street<br>Chicago, IL 60604<br>TEL: 312-353-3896  |                    |                           |                           |          |       |  |
| PLEASE FAX COMPLETED FORM TO: Sheila Powers, 202-208-8039   |                    |                           |                           |          |       |  |

**REGISTRATION DEADLINE:** <u>Wednesday, December 1, 1999</u>. If you must cancel, please contact Sheila Powers via E-mail: <sapowers@oge.gov> or phone: 202-208-8000, x1104.

| FOR OGE USE ONLY          |  |                               |  |  |  |
|---------------------------|--|-------------------------------|--|--|--|
| REGISTRATION CONFIRMED:   |  | <b>NO</b> (Sorry, class full) |  |  |  |
| COMMENTS:                 |  |                               |  |  |  |
| (OGE Official) SIGNATURE: |  | DATE:                         |  |  |  |