



United States Office of Government Ethics  
**REGISTRATION FORM**  
**St. Louis Ethics Workshops**

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

Please register me for selected workshops (choose ALL or specify which ones):	
<input type="checkbox"/> <b>I plan to attend ALL workshops</b>	
<input type="checkbox"/> Gifts From Outside Sources	4/14/98 -- 9:00 a.m. - 12:00 noon
<input type="checkbox"/> Gifts Between Employees	4/14/98 -- 1:00 p.m. - 3:00 p.m.
<input type="checkbox"/> OGE Form 450 Review Course	4/15/98 -- 9:00 a.m. - 12:00 noon
LOCATION:	U.S. Department of Agriculture Rural Development Daniel and Henry Building 2350 Market Street - Room 215 (2nd flr) St. Louis, MO 63103 TEL: 314-992-0426
<b>PLEASE FAX THIS FORM TO: Sheila Powers, 202-208-8039</b>	

**REGISTRATION DEADLINE: April 8, 1998.** If you must cancel please contact Sheila Powers at 202-208-8000, ext. 1104.

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: \_\_\_\_\_