



REGISTRATION FORM
GOVERNMENT ETHICS CONFERENCE
SEPTEMBER 11 - 13, 2001

Norfolk Waterside Marriott Hotel
 235 E. Main Street
 Norfolk, VA 23510
 Tel: 757-628-6452

PLEASE PRINT CLEARLY

1. ATTENDEE INFORMATION

Last Name	First Name	Title	Badge Name
Agency	Street Address (include room #)	City/State	Zip Code
Phone Number	Fax Number	E-mail Address	

PLEASE CHECK ONE: ATTENDEE ALTERNATE* SUBSTITUTE**

*Wait listed for spaces. DAEO's, please rank Alternate in priority order: ()1st ()2nd ()3rd, etc. **NOTE TO ALTERNATES:** Please do not attach payment with this form. Alternate spaces are **not** guaranteed.
 **Substitute is replacing (name of previous registrant): _____

2. PAYMENT INFORMATION **\$300.00 DUE BY JULY 13, 2001**

Check one of the following methods of payment to the **U.S. Office of Government Ethics**:

SF 182*** DD 1556 Personal/Govt Check Money Order Credit Card (complete below):

Cardholder Information: VISA Master Card AMERICAN EXPRESS NOVUS/DISCOVER

Cardholder Name and Address (as it appears on card) **Must include Zip Code**

Cardholder Card Number Card Expiration Date Cardholder Phone Number

Receipt Requested? Yes No

***Please provide the 8-digit agency location code (ALC) in block 24 and the billing address in block 25 when using the SF 182 or the **REGISTRATION FORM WILL BE RETURNED AS INCOMPLETE.**
 NOTE: Conference fees are **NONREFUNDABLE**; however, substitute registrants will be accepted by completing a new form.

3. SPECIAL REQUIREMENTS

Hearing Sight Physical (specify): _____ Meals (specify): _____
 Other: _____

4. PLEASE ATTACH PAYMENT TO THIS FORM AND MAIL/FAX BEFORE JULY 13, 2001 TO:

Sheila Powers, Event Coordinator U.S. Office of Government Ethics 1201 New York Ave, NW. Suite 500 Washington, DC 20005-3917	Tel: 202-208-8000, ext. 1104 Fax: 202-208-8039 (or 8038) E-mail: sapowers@oge.gov OGE Tax ID#: 72-0564834
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5. ATTENDEE'S DAEO APPROVAL (REGISTRATION NOT VALID WITHOUT DAEO'S SIGNATURE)

DAEO'S SIGNATURE: _____ DAEO'S PHONE#: _____

FOR OGE USE ONLY		
REGISTRATION CONFIRMED:	<input type="checkbox"/> YES/PAID	<input type="checkbox"/> REMIT PAYMENT ASAP <input type="checkbox"/> NO/SORRY CONFERENCE FULL
COMMENTS: _____		
OGE SIGNATURE: _____		