

REGISTRATION FORM



**11TH ANNUAL GOVERNMENT
ETHICS CONFERENCE
DECEMBER 4 – 6, 2001**

**THE CAVALIER HOTEL
OCEANFRONT & 42ND STREET
VIRGINIA BEACH, VA 23451
TEL: 757-425-8555**

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: <input type="checkbox"/> ATTENDEE <input type="checkbox"/> ALTERNATE* <input type="checkbox"/> SUBSTITUTE**			
* <u>Wait listed</u> 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			\$275.00 DUE BY OCTOBER 19, 2001
Check one of the following methods of payment to the U.S. Office of Government Ethics:			
<input type="checkbox"/> SF 182*** <input type="checkbox"/> DD 1556 <input type="checkbox"/> Personal/Govt Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (complete below):			
Cardholder Information: <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> NOVUS/DISCOVER			
Cardholder Name and Address (as it appears on card)			Must include Zip Code
Cardholder Card Number	Card Expiration Date	Cardholder Phone Number	Cardholder Fax Number
Receipt Requested? <input type="checkbox"/> Yes <input type="checkbox"/> 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			
<input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Physical (specify): _____ <input type="checkbox"/> Meals (specify): _____			
<input type="checkbox"/> Other: _____			
4. PLEASE ATTACH PAYMENT TO THIS FORM AND MAIL/FAX BEFORE OCTOBER 19, 2001 TO:			
Gwen Cannon, Conference Assistant U.S. Office of Government Ethics 1201 New York Ave, NW. Suite 500 Washington, DC 20005-3917		Tel: 202-208-8000, ext. 1173 Fax: 202-208-8039 (or 8038) E-mail: gcannon@oge.gov OGE Tax ID#: 72-0564834	
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: _____			