



**DENVER REGIONAL DEVELOPMENT SEMINAR
REGISTRATION FORM**

**Tuesday, March 9, 1999
9:30 a.m. to 3:00 p.m.**

Please complete the information below to register for the ethics seminar:

NAME: _____

AGENCY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-Mail: _____

LOCATION: Denver Federal Center
Remington Arms Room, First Floor
Building 41
West 6th and Kipling Street
Lakewood, CO

Please fax this form to Sheila Powers, OGE Event Coordinator, at 202-208-8039 before **March 1, 1999**.

-----**FOR OGE USE ONLY**-----

REGISTRATION CONFIRMED: ()YES ()NO -Sorry seminar is full

COMMENTS: _____

OGE Official Signature:_____ **DATE:**_____