



United States Office of Government Ethics
REGISTRATION FORM
Introductory Ethics Courses
Washington, DC

Registrant's Name: _____

Agency: _____

Phone: _____

Fax No.: _____

E-Mail address: _____

Please register me for selected courses (choose **ALL** or specify which **ones**):

I plan to attend ALL Introductory Courses

Tue, Mar 23:	<input type="checkbox"/> Misuse of Position	9:00 a.m. - 11:30 a.m.
	<input type="checkbox"/> Post Employment	12:30 p.m. - 3:30 p.m.
Wed, Mar 24:	<input type="checkbox"/> 278 Review	8:30 a.m. - 12:30 p.m.
	<input type="checkbox"/> Gifts Between Employees	1:30 p.m. - 3:30 p.m.

LOCATION: Department of Labor
Conference Center C-5320 - Sem Rm 6 (5th Floor)
200 Constitution Avenue, NW.
Washington, DC 20005 (Metro stop: Judiciary Square)
202-219-7773

PLEASE FAX THIS FORM TO: Sheila Powers, 202-208-8039

REGISTRATION DEADLINE: Thu, Mar 18, 1999. If you must cancel, please contact Sheila Powers at 202-208-8000, x1104.

FOR OGE USE ONLY

REGISTRATION CONFIRMED: **YES** **NO** (Sorry, class full)

COMMENTS: _____

(OGE Official) SIGNATURE: _____ DATE: _____