



United States Office of Government Ethics
REGISTRATION FORM
Chicago Ethics Workshops

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

Please register me for selected workshops (choose ALL or specify which ones):	
<input type="checkbox"/> I plan to attend ALL workshops	
<input type="checkbox"/> OGE Form 450 Review Course	07/29/98 -- 9:00 a.m. - 12:30 p.m.
<input type="checkbox"/> Misuse of Position	07/29/98 -- 1:30 p.m. - 4:00 p.m.
<input type="checkbox"/> Gifts From Outside Sources	07/30/98 -- 9:00 a.m. - 12:00 noon
<input type="checkbox"/> Gifts Between Employees	07/30/98 -- 1:00 p.m. - 4:00 p.m.
LOCATION:	Internal Revenue Service Education Branch 200 West Adams Street - Room 310 Chicago, IL 60606 TEL: 312-886-4377
PLEASE FAX THIS FORM TO: Sheila Powers, 202-208-8039	

REGISTRATION DEADLINE: ASAP but not later than Tue, Jul 21, 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: _____