OPM FORM 1672 MAY 2006

FAX-BACK/MAIL-IN FORM

FOR THE FEDERAL EXECUTIVE INSTITUTE'S LEADERSHIP FOR A DEMOCRATIC SOCIETY PROGRAM

Fax Back to 434-979-3387 Questions? 434-980-6200 FOR MANAGEMENT DEVELOPMENT CENTER
PROGRAMS AND FOR CONTINUING DEVELOPMENT
PROGRAMS FOR EXECUTIVES AT FEI

Fax Back to 304-870-8078
Questions? 304-870-8008 or 888-676-9632

FIRST SEMINAR CHOICE	SECOND SEMINAR	CHOICE
PROGRAM NAME	PROGRAM NAME	
PROGRAM CODE (FEI ONLY)	PROGRAM CODE (FEI ONLY)
PROGRAM DATE	PROGRAM DATE	
PARTICIPANT INFORMATION		
NAME	SSN (LAST 4 D	IGITS ONLY)
JOB TITLE		
SES OR GS GRADE LEVEL OR EQUIVALE	ent position/rank (specify)	
SUB AGENCY/DIVISION		
AGENCY/ORGANIZATION		
MAILING ADDRESS		
CITY	STATEZIP	
OFFICE PHONE	FAX	
EMAIL ADDRESS	NICKNAME _	
HOME ADDRESS		
CITY STATE_	ZIPHOME PHONE	
SPECIAL ACCOMMODATIONS		
O SMOKING ROOM O PHYSICALLY CHALLE	NGED	
O SPECIAL DIETARY NEEDS		
TUITION BILLING INFORMATIO		
		PURCHASE CARD INFORMATION IS USED INTERNALLY FOR
O AGENCY TRAINING FORM (SF-182, DD-1 O GOVERNMENT PURCHASE CARD (VI	, ,	REGISTRATION AND BILLING PURPOSES ONLY. THE INFORMATION WILL NOT BE
CARD NUMBER*	DISCLOSED TO OTHER SOURCES. EXPIRATION DATE	
CARDHOLDER'S NAME		
CARDHOLDER'S PHONE #		
TUITION AMOUNT		

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