United States Office of Personnel Management
Benefits Officers Training & Development Group
FY 2007 BENEFITS PRODUCTS ORDER FORM

Your Full Name:

Agency/Organization:

Business Address:

City:	***State:***	***Zip:***

Email Address:

Work Phone: ( ) --	***Fax: ( ) --***

ITEM	***# ORDERED***	***TOTAL***
Video: Benefits...Get Serious ($25 each)…….…	_____	_____
Video: Stepping Into Retirement ($25 each)…..	_____	_____
New Video: Let's Talk Benefits (1 for $39 / 2 for $69 / 3 for $99)……..……..	_____	_____
Let's Talk Benefits, Spanish Edition (1 for $39 / 2 for $69 / 3 for $99)……..…….	_____	_____
	TOTAL ORDER: $ _____	

PAYMENT BY (CHECK ONE): ***Purchase Order (___)*** ***Check (___)***
Government Purchase Visa or MC (_____)

Name of Card Holder: _____

Credit Card Number: _____ ***Expiration Date:*** _____

Signature of Card Holder: _____

Telephone Number of Card Holder: (_____)_____--_____ ***Ext*** _____

Credit Card Orders: Fax order form to (202) 606-1108, or e-mail to benefits@opm.gov.
If paying by Purchase Order or Check, mail your order to:

Email Your Order to
benefits@opm.gov
or Fax to (202) 606-1108

Office of Personnel Management
1900 E St., N.W., BOT&DG, Room 4351
Washington DC 20415-3300
Attn: Benefits Products Request

Please include all the same address, phone, and credit card information on this order form in your email.