

**SES Briefing Registration Form**

Fax your registration form and payment information to OPM at 304-870-8078

**IMPORTANT: To ensure accurate registration, please print clearly (or type) and complete the form in its entirety.**

Session Date: \_\_\_\_\_ SES Briefing - \$850

NAME: \_\_\_\_\_  
*last first middle initial*

NAME TO APPEAR ON CERTIFICATE: \_\_\_\_\_

TYPE OF SES APPOINTMENT:  CAREER  NON-CAREER  LIMITED-TERM

HOW LONG HAVE YOU BEEN IN THE SES:  1 Year or Less  More than 1 Year, but Less than 2 Years  More than 2 Years

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATE OF BIRTH: *(mm/dd/yy)* \_\_\_\_\_ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SPECIAL NEEDS (e.g. interpreter, diet, etc.): \_\_\_\_\_

PLAN TO ATTEND EVENING RECEPTION:  YES  NO (Ceremony and Reception limited to registered participants.)

**PAYMENT INFORMATION – Government-Issued Purchase Card**

BRIEFING COST: \$850

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CARDHOLDER'S NAME & SIGNATURE: \_\_\_\_\_

CARDHOLDER'S PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MAIL RECEIPT TO:

-or-

FAX RECEIPT TO: \_\_\_\_\_

Fax requests to 304-870-8078 or Email requests to [register@opm.gov](mailto:register@opm.gov)