



REGISTRATION FORM

SEPTEMBER 11 - 14, 2000 - GOVERNMENT ETHICS CONFERENCE
WYNDHAM FRANKLIN PLAZA HOTEL
17th & RACE STREETS, PHILADELPHIA, PA 19103
TEL: 215-448-2000

REGISTRATION DEADLINE: JULY 14, 2000
CONFERENCE FEE: \$275

PLEASE CHECK ONE: ATTENDEE SUBSTITUTE ATTENDEE* ALTERNATE ATTENDEE**

ATTENDEE NAME: _____ BADGE NAME: _____

*Substitute Attendee is replacing (name of **previous** registrant): _____

**Alternate Attendees are wait listed for spaces; DAEO's must rank Alternates in priority order: ()1st ()2nd ()3rd, etc.

NOTE: Alternate Attendees please do NOT attach payment with this form, since your space is **not** guaranteed.

ATTENDEE'S TITLE: _____

AGENCY NAME AND _____

COMPLETE ADDRESS: _____

E-MAIL ADDRESS: _____

OFFICE PHONE #: _____ OFFICE FAX #: _____

COST: \$275 Conference Fee.

PAYMENT: Check ONE method of payment (**payable to U.S. Office of Government Ethics**): SF 182

DD 1556 Personal/Govt Check Money Order Credit Card (complete below):

Check ONE Card only: AMERICAN EXPRESS NOVUS/DISCOVER VISA MASTER CARD

Cardholder's Name (as it appears on card): _____

Cardholder Agency: _____ **Cardholder #:** _____ **Exp Date:** __/200__

BILLING: On-line Payment and Collection (OPAC) system is used with form SF 182, and **MUST** include the 8-digit agency location code (ALC) in block 24; and billing address in block 25 or **REGISTRATION FORM WILL BE RETURNED AS INCOMPLETE.**

REFUNDS: Conference fees are **NONREFUNDABLE**; however, substitute registrants are acceptable.

SPECIAL REQUIREMENTS: Please check ALL that apply or NONE if no special meals or needs are required:

SPECIAL MEALS: None Vegetarian Kosher Low Fat Other (explain) _____

SPECIAL NEEDS: None Physical Hearing Sight Other (explain) _____

PLEASE ATTACH PAYMENT TO THIS FORM AND MAIL/FAX BEFORE JULY 14, 2000 TO:

Sheila Powers, Event Coordinator

Tel: 202-208-8000, ext. 1104

U.S. Office of Government Ethics

Fax: 202-208-8039 (or 8038)

1201 New York Avenue, NW. - Suite 500

E-mail: sapowers@oge.gov

Washington, DC 20005-3917

ATTENDEE'S DAEO APPROVAL (REGISTRATION NOT VALID WITHOUT DAEO'S SIGNATURE)

DAEO'S SIGNATURE: _____ DAEO'S PHONE #: _____

----- FOR OGE USE ONLY -----

REGISTRATION CONFIRMED: YES/PAID REMIT PAYMENT ASAP NO/SORRY CONFERENCE FULL

COMMENTS: _____

OGE SIGNATURE: _____ DATE: _____