



United States Office of Government Ethics
REGISTRATION FORM
Post-Employment Workshop
Washington, DC

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

Please register me for ONE of the following workshops:	
<input type="checkbox"/> Feb 25, 1998 Wednesday 8:30 a.m. - 12:30 p.m.	
<input type="checkbox"/> May 13, 1998 Wednesday 8:30 a.m. - 12:30 p.m.	
LOCATION:	Dept. of Labor Conference Center C-5320 - Seminar Rm 6 (Feb 25 course) Conference Center C-5521 - Seminar Rm 4 (May 13 course) 200 Constitution Avenue, NW. (Metro: Judiciary Square) Washington, DC 20201 202-219-7773
PLEASE FAX THIS FORM TO: Sheila Powers, 202-208-8039	

REGISTRATION DEADLINE: Feb 20 (Feb 25 course) and May 8 (May 13 course).
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:	
() Written Opinions/Counseling	() Financial disclosure process
() Training	() Administrative actions
() Evaluation of ethics program	() 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: _____