



Registration Form

U.S. Office of Personnel Management's Schedule C Briefing
Washington, DC April 15, 2003

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

NAME:

last

first

middle initial

NAME TO APPEAR ON CERTIFICATE:

TITLE:

DEPARTMENT:

AGENCY:

OFFICE ADDRESS:

CITY, STATE, ZIP:

DATE OF BIRTH:

(MM/DD/YY)

SOCIAL SECURITY NUMBER:

PHONE:

FAX:

EMAIL:

SPECIAL NEEDS (ie: interpreter, diet, etc):

PLAN TO ATTEND EVENING RECEPTION: • YES • NO
(ceremony & reception limited to Schedule C appointee only)

PAYMENT INFORMATION (select one)

CREDIT CARD (Gov't issued ONLY)

TRAINING AUTHORIZATION FORM

IDENTIFY VENDOR ON ALL PAYMENT METHODS AS:

*U.S. OFFICE OF PERSONNEL MANAGEMENT, OFFICE OF EXECUTIVE RESOURCES MANAGEMENT
1900 E STREET, NW, Room 6484, WASHINGTON, DC 20415-5100*

OPM Tax ID Number: 521136517

(NOTE: IF PAYMENT IS BY ONE OF THE GOVERNMENT PAYMENT METHODS, ATTACH OFFICIAL PAYMENT DOCUMENT.)

BRIEFING COST: \$395.00

PURCHASE ORDER NUMBER:

CREDIT CARD NUMBER:

EXP. DATE:

CARDHOLDER'S NAME & SIGNATURE:

CARDHOLDER'S PHONE:

FAX:

CARDHOLDER'S BILLING ADDRESS:

A receipt will be faxed within 30 days from program date

Registration will be not be considered complete until funds have been received via government purchase card or IPAC. No other form of fund transfer will be accepted. ***Government Travel cards cannot be used*** to register for events.

Cancellation must be made within 5 business days prior to the scheduled event via email sent Shirley Sewell (SESewell@opm.gov).