STRATEGIC COMPENSATION CONFERENCE 2001:

CHARTING A SUCCESSFUL COURSE FOR PAY, CLASSIFICATION, AND PERFORMANCE

August 28-30, 2001 at the Hilton Alexandria Mark Center in Alexandria, VA.

HOW TO REGISTER

A. Complete Sections 1, 2, 3, and 4 of this form.

B.

If you are paying by…	Then…	To…
Credit card	• Complete Section 5, and • FAX or mail the registration form	Ms. Joy Hall U.S. Office of Personnel Management Attn: Strategic Compensation Conference 1900 E Street, NW., Room 7305 Washington, DC 20415-8320 FAX: (202) 606-2548
Training form (an SF-182, DD-1556, or equivalent)	• Obtain an approved training form, and • FAX or mail the registration form and the approved training form	

WHAT YOU NEED TO KNOW

- The "Training Source" and / or "Vendor" for this conference is OPM.
- Upon receipt of your registration and payment, we will email, fax, or mail you a letter confirming your registration.
- We will mail items to the office address listed on the registration form.
- Cancellations must be received in writing by **Friday, August 3**. Cancellations received after that date will be billed.
- Substitutions are welcome at any time. Please advise us of any substitutions.

1. Participant Information

Mr./Ms./Mrs./Dr./(other)	Name (First, Last)	Preferred First Name for Name Badge

Title

Department / Agency / Office

Office Address	Room / Suite No.

City	State	ZIP

Office Phone	FAX	Email Address

2. Conference and Post-Conference Workshop Information

Conference. (Check the box if you will be attending the conference.)

☐ **$495** (August 28-29 – includes two continental breakfasts, two luncheons, and coffee breaks)

Optional Post-Conference Workshop. (Check the smaller box if you will be attending a workshop. Indicate the workshop you wish to attend by entering its number in the larger box.)

☐ **$195** (August 30 – includes continental breakfast, luncheon and coffee breaks)

☐

1 – Using Awards Effectively
2 – Balanced Measures for Managers
3 – Managing Leave - Using Common Sense
4 – Pay Administration - Everything you Always Wanted to Know
5 – Classification in a Downsized Environment
6 – Classification for Experienced Practitioners
7 – Strategic Rewards

3. Special Accommodations

☐ Check the box if you require special accommodations (including special dietary needs) to ensure full participation. Please provide information on your requirements to Joy Hall at (202) 606-8486 by Thursday, August 9.

4. Payment Method

Check a payment method.

☐ Credit card. Complete Section 5, "Credit Card Information."

☐ Training form. Mail or fax completed and approved form with the registration form.

5. Credit Card Information

Name of Account Holder (First, MI, Last)	Account Number	Expiration (MM/YY)	Phone Number of Account Holder

Billing Address

City	State	ZIP