



Registration Form

U.S. Office of Personnel Management's Senior Executive Service Briefing
Washington, DC June 16-17, 2003

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

NAME: *last* *first* *middle initial*

NAME TO APPEAR ON CERTIFICATE:

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

TITLE:

DEPARTMENT:

AGENCY:

OFFICE ADDRESS:

CITY, STATE, ZIP:

DATE OF BIRTH: SOCIAL SECURITY NUMBER:
(MM/DD/YY)

PHONE: FAX: EMAIL:

SPECIAL NEEDS (ie: diet, transportation etc):

PLAN TO ATTEND EVENING RECEPTION AT: YES NO
(ceremony & reception limited to SES member only)

PAYMENT INFORMATION (select one)

PURCHASE 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: \$595.00 PURCHASE ORDER NUMBER:

CREDIT CARD NUMBER: EXP. DATE:

CARDHOLDER'S NAME & SIGNATURE:

CARDHOLDER'S PHONE: FAX:

MAIL RECEIPT TO:

- or -

FAX RECEIPT TO:

Written cancellations or substitutions must be received by June 6th. Cancellations after this date will be billed for the full registration fee. Fax requests to Shirley Sewell 202-606-2126 or email: sesewell@opm.gov