

# **CONFIRMATION FORM**

**PLEASE TYPE AND FAX THIS CONFIRMATION FORM BY \*\*\*Deadline for Confirmation Forms\*\*\* TO:**

Employee Name: (803) 544-5137 E-Mail: First.last@usdoj.gov  
FAX: (803) 544-5110

Sample Course            January 2, 2003

\_\_\_\_\_ **Instructor**                      \_\_\_\_\_ **Student**

District/Division:

Attendee's Name:

Title of Attendee:

Office Address:

**(Please do not use a P.O. Box)**

Office Telephone:

FAX Number:

E-Mail Address:

Emergency Contact and Phone Number: \_\_\_\_\_

Will you be staying at the National Advocacy Center?     Yes             No

Smoking Room                       Non-Smoking Room

Will you need shuttle service?     Yes             No

Will you be driving to the NAC?     Yes             No

Please indicate your **specific** travel information below, and notify OLE if you have any changes.

**ARRIVAL:** \_\_\_\_\_  
                  **month/day/year            time (am/pm)            airline and flight number (if applicable)**

PLEASE REMEMBER travel authorizations must be submitted prior to attending the training.

- \* EOUSA/US Attorney personnel submit to their Administrative Officer
- \* All Other personnel submit to OLE via FAX

**DEPARTURE:** \_\_\_\_\_  
**month/day/year                      time (am/pm)                      airline and flight number (if applicable)**

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- ★ All Other personnel submit to OLE via FAX

