

2015 TRAINING APPLICATION

Division of International Technical Cooperation, U.S. Bureau of Labor Statistics
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APPLICANT INFORMATION

SURNAME		GIVEN NAME			DATE
SEX	DATE OF BIRTH	JOB TITLE			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Month	Day	Year	
DESCRIPTION OF JOB DUTIES					
EMPLOYER					
MAILING ADDRESS (Street or P.O. Box)					
CITY			COUNTRY		
TELEPHONE		FAX		E-MAIL	
EDUCATION (Highest Degree)		FIELD OF STUDY			
<input type="checkbox"/> Proficient in Reading English? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Proficient in Speaking English? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Proficient in Writing English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COURSES REQUESTED

<input type="checkbox"/>	<input type="checkbox"/> Economic Indicators (\$1,900) July 27 – 31, 2015
<input type="checkbox"/> Constructing Consumer Price Indexes (\$1,900) June 22 – 26, 2015	<input type="checkbox"/> Labor Market Information: Business Establishment Surveys (\$1,900) September 14 – 18, 2015
<input type="checkbox"/> Measuring Productivity (\$1,900) July 13 – 17, 2015	<input type="checkbox"/> Labor Market Information: Household Labor Force Surveys (\$1,900) September 21 – 25, 2015

ACCOMMODATIONS

- Yes, reserve hotel accommodations for me. (Requires flight arrival information 2 weeks prior to seminar.)
- No, I will arrange my own accommodations.

FINANCIAL SPONSOR INFORMATION

- I have not yet started to seek financial sponsorship.
- Financial sponsorship has been requested from the following organization:
- Financial sponsorship has been granted by:

NOTE: Sponsor must complete the BLS Training Payment Agreement.

This collection of information is authorized by Title 29 of the United States Code. Providing the information on this form is voluntary. The information you provide will be used to register you for training and for other administrative purposes. We estimate that it will take an average of 20 minutes to complete this form. If you have any comments regarding this estimate or any other aspect of the form, including suggestions for reducing the time needed to respond, send them to the Bureau of Labor Statistics, Division of International Technical Cooperation, 2 Massachusetts Avenue, N.E., Room 2190, Washington, DC 20212 USA. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.