**REGISTRATION FORM**

Please share some basic information with us so we can process your registration.

First Name: \*   


Middle Initial:  


Last Name: \*



Parent Agency/Organization:   


Subagency/Division:   


Dept/Agency Mailing Address: \*  


Floor/Suite/Mailstop:  


City: \*  


State: \*  


Zip Code: \*  
 Invalid Zip Code format – should be either 12345 or 12345-6789.

Job Title: \*  


E-mail:



Work Phone (Format "XXX-XXX-XXXX" plus optional extension): \*  
  Work Phone must be in the format: XXX-XXX-XXXX (plus optional extension).

What are you hoping to gain from these sessions?



(\*Required Field)

**PRIVACY STATEMENT**

This information is solicited under the authority of 5 U.S.C. §§ 4115–4118. The primary uses of this information are by the Office of Personnel Management (OPM) to register registrants for the various seminars provided at OPM training facilities. OPM may use the information for studies and statistics that will not identify you. The information may be disclosed to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions; in judicial or administrative proceedings; to congressional offices; and to Federal agencies for employment or security reasons.