

## 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: \*

Job Title: \*

E-mail:

Work Phone (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.