

U.S. Office of Personnel Management  
**1999 Federal Benefits Conference**  
**Benefits in the New Millennium**

To Register for the **Benefits in the New Millennium**, fax this form to (202) 606-4327 or mail to: U.S. Office of Personnel Management, Agency Services Division, P.O. Box 57, Washington DC 20044-0057

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Special Needs (Handicap and Dietary Restrictions): \_\_\_\_\_

**Pre-Conference Workshops**

<input type="checkbox"/> Understanding Military Retirement (June 7-8, \$225)	
<input type="checkbox"/> Coverage Determinations (June 7, \$150)	<input type="checkbox"/> Counseling Employees in Crises (June 8, \$150)
<input type="checkbox"/> Basic FEGLI (June 7, \$150)	<input type="checkbox"/> Advanced FEGLI (June 8, \$150)
<input type="checkbox"/> Government Pensions & Social Security (June 7, \$150)	<input type="checkbox"/> Spousal Benefits (June 8, \$150)
<input type="checkbox"/> Deposits Under CSRS & FERS (June 7, \$150)	<input type="checkbox"/> Federal Leave Programs (June 8, \$150)

**Conference Tuition:** **\$495**

**Total Cost of Workshops:**

**TOTAL CHARGE:**

**Payment Method:**  Credit Card  SF 182 or DD1556  Check

*[If payment is by SF 182 or DD 1556, the completed form MUST be attached.]*

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone Number of Card Holder: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_