



U.S. Office of Personnel Management  
**Federal Benefits Conference**  
**Benefits Interchange 2000**



To Register for the **Benefits Interchange 2000**, fax this form to (202) 606-4327 or mail to: U.S. Office of Personnel Management, Retirement and Insurance Service, Attention: Federal Benefits Conference, 1900 E Street, NW, Washington, DC 20415-3300

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

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

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

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

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

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

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

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

**Pre-Conference Workshops**

Deposits Under CSRS & FERS (June 5-6, \$225)	
Retirement Coverage Issues (June 5, \$150)	Reemployed Annuitants (June 6, \$150)
Insurance 101 (June 5, \$150)	Advanced Insurance Issues (June 6, \$150)
Former Spouse Benefits (June 5, \$150)	Benefits for Current Spouses (June 6, \$150)
Assisting Survivors Upon the Death of a Federal Employee (June 5, \$150)	Government Pensions & Social Security (June 6, \$150)

**Conference Tuition:** \$545

**Total Cost of Workshops:**

**TOTAL CHARGE:**

**Payment Method:**      VISA                  MasterCard                  SF 182 or equivalent                  Check

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

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

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

Address of Card Holder: \_\_\_\_\_  
 \_\_\_\_\_

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

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