

**2009 National Equal Opportunity  
Professional Development Forum  
August 31-September 4, 2009  
Marriott Crystal Gateway, Arlington, Virginia  
*2009 Group Registration Form***

PLEASE PRINT THE INFORMATION LEGIBLY TO ENSURE IT IS DOCUMENTED CORRECTLY.

**NEOPDF Group Registration**

Please complete and submit the following form to register for the 2009 National Equal Opportunity Professional Development Forum. This form is for group (3 or more individuals) registration **ONLY!**

This portion of the form should be filled out by the contact person for the group.

Name: \_\_\_\_\_

Company/Organization/Group: \_\_\_\_\_

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

Local Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Please provide the information listed below of all individuals attending the NEOPDF for your group:

First Name: _____
Last Name: _____
Organization: _____
Title: _____
Mailing Address: _____
Telephone #: _____
Fax #: _____
Email Address: _____
Special Needs (Please specify: mobility, hearing, vision, or dietary): _____
Affiliation: New EEO Officer ____ How long? ____ or Seasoned EEO Officer ____ How long? ____
Attending Reception: yes ____ no ____

First Name: _____
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Last Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Special Needs (Please specify: mobility, hearing, vision, or dietary): \_\_\_\_\_  
 Affiliation: New EEO Officer \_\_\_\_\_ How long? \_\_\_ or Seasoned EEO Officer \_\_\_\_\_ How long? \_\_\_\_\_  
 Attending Reception: yes \_\_\_\_\_ no \_\_\_\_\_

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Special Needs (Please specify: mobility, hearing, vision, or dietary): \_\_\_\_\_  
 Affiliation: New EEO Officer \_\_\_\_\_ How long? \_\_\_ or Seasoned EEO Officer \_\_\_\_\_ How long? \_\_\_\_\_  
 Attending Reception: yes \_\_\_\_\_ no \_\_\_\_\_

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Special Needs (Please specify: mobility, hearing, vision, or dietary): \_\_\_\_\_  
 Affiliation: New EEO Officer \_\_\_\_\_ How long? \_\_\_ or Seasoned EEO Officer \_\_\_\_\_ How long? \_\_\_\_\_  
 Attending Reception: yes \_\_\_\_\_ no \_\_\_\_\_

Thank you for your completed National Equal Opportunity Professional Development Forum registration form! Group registration is \$ 350\* per person (Total including processing fee is \$365.00).

**\*Group Discount only applies to groups of three (3) or more from the same organization registering at the same time. Group registration expires July 18, 2009. If paying by credit card, there is an additional \$15 processing fee per transaction.**

Payment Information (Select One):

Purchase order (enclosed). Please note that a purchase order only reserves a space at the forum until full payment is received. You will not be confirmed as an attendee of the forum unless payment is made in full. Please be sure to provide a purchase order number when submitting your registration form. Purchase order number: \_\_\_\_\_

The cut-off date for reserving a space with a purchase order is August 1, 2009. After August 1st, you may pay your registration with a credit card only. Any participant whose payment has not been received prior to the beginning of the forum will be required to make the full payment onsite.

**REMINDER: YOU ARE NOT OFFICIALLY REGISTERED FOR THE FORUM UNTIL FULL PAYMENT IS RECEIVED.** You will be required to reconcile any balance due by check or credit card on-site.

Credit Card (Visa/Mastercard/Discover) Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Check (enclosed; make payable to TATC) Check number: \_\_\_\_\_

Money order (enclosed; make payable to TATC) Money order number: \_\_\_\_\_

Number of Registrants \_\_\_\_\_ Enclosed is the registration fee in the amount of \$ \_\_\_\_\_

Please note: You will receive a confirmation email notifying that your registration request has been received. Once full payment (credit card or check) has been received by TATC, you will receive an invoice via email for your records of registration fee paid in full.

Please mail this form to:

TATC

7315 Wisconsin Avenue, Suite 1200W

Bethesda, MD 20814-3202

Re: DOL National EO Professional Development Forum-Aug 30-Sept 4, 2009

Federal Tax ID # 52-0893858

ATTN: Lloyd Celistan

You may also fax this form to:

Fax: (301) 652-2021

ATTN: Lloyd Celistan

For assistance regarding forum information, including registration, contact: USDOL/Civil Rights Center Vicky Best-Morris at best-morris.vicky@dol.gov or Samuel L. Rhames, Jr at rhames.samuel@dol.gov (202)-693-6500 (voice) or (202)-693-6515 (TTY) National Association of State Workforce Agencies, EO Committee Chair, Valerie Kitchings at Valerie.Kitchings@dc.gov.