

## TRAINING REGISTRATION

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

Name of Agency or Facility: \_\_\_\_\_

Position Title: \_\_\_\_\_

Length of Time in Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Training/Workshop You Plan to Attend: \_\_\_\_\_

Authorizing Official's Signature (*if applicable*): \_\_\_\_\_

Official's Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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EMAIL OR MAIL YOUR APPLICATION AND OTHER TRAINING INQUIRIES TO:

E-mail address: [Richardson.shirley@dol.gov](mailto:Richardson.shirley@dol.gov)  
Mailing address: U. S. Department of Labor – OWCP  
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Chicago, IL. 60604  
(312) 789-2800