

# FEDERAL MEDIATION & CONCILIATION SERVICE

## REGISTRATION for FEDERAL EXECUTIVE BOARD (FEB) TRAINING

Date Submitted: \_\_\_\_\_

Please submit this registration by Email to [rmiller@fmcs.gov](mailto:rmiller@fmcs.gov) or call (202) 606-3636 for additional submission options.

The purpose of this agreement is to provide reimbursement of costs incurred by the Federal Mediation & Conciliation Service in providing requested services. Costs include, but are not limited to, salaries and benefits, travel and subsistence, and material expenses related to this project. Statutory purpose and authority provided by: The Administrative Dispute Resolution Act of 1996 (Public Law 104-320), the Administrative Dispute Resolution Act (5 U.S.C. 571 et seq.) and the Negotiated Rulemaking Act (5 U.S.C. 561, et seq.)

### Training Details

LOCATION of SPONSORING FEB \_\_\_\_\_ TRAINING DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

| # Participants | per-Person Rate | Total<br>(Not to Exceed) |
|----------------|-----------------|--------------------------|
|----------------|-----------------|--------------------------|

Unless the training is cancelled due to insufficient registration,  
no refunds or cancellations permitted after:

### Contact Information

CUSTOMER / AGENCY \_\_\_\_\_  
BUREAU / SUBDIVISION \_\_\_\_\_ OFFICE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### Payment Details

OFFICIAL RESPONSIBLE FOR PAYMENT \_\_\_\_\_  
ADDRESS LINE 1 \_\_\_\_\_ ADDRESS LINE 2 \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 IPAC PAYMENT  CREDIT CARD PAYMENT  INVOICE  
VISA / MC # \_\_\_\_\_ EXP. \_\_\_\_\_ ADDRESS  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_ (write "same" if  
same as line 11)  
ALC # \_\_\_\_\_ TAS # - - - - - BETC \_\_\_\_\_

### Customer / Agency Approval

ON BEHALF OF CUSTOMER / AGENCY

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

# FEDERAL MEDIATION & CONCILIATION SERVICE

## REGISTRATION for FEDERAL EXECUTIVE BOARD (FEB) TRAINING

Please fill out the full name (as it should appear on the certificate of completion) and contact information for each person enrolling.  
Click "Add Row" to enter additional participants.

|  | Name (First & Last) | Title | Phone Number | E-mail Address |
|--|---------------------|-------|--------------|----------------|
|--|---------------------|-------|--------------|----------------|

### FMCS Approval

ACCEPTED ON BEHALF OF FMCS

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

# Participants

Billed Rate  
per-Person

Total Billed