



Department of Health and Human Services
Commissioned Corps of the U.S. Public Health Service

2010 RETIREMENT SEMINAR c REGISTRATION FORM

SPONSORED BY THE
PROGRAM SUPPORT CENTER
BUT OPEN TO ALL OFFICERS

<u>Date</u>	<u>Location</u>	<u>Deadline Date for Registration</u>
March 24-25	Parklawn Building Conference Rooms D & E 5600 Fishers Lane Rockville, MD 20857	<u>MARCH 15, 2010</u>

Please print

Name: _____ PHS Serial Number: _____

Work Phone: _____ Category: _____ Grade: _____

E-Mail Address: _____

Operating Division, Staff Division, or non-HHS Organization: _____

City and State: _____

Retirement Credit Date: _____ Years of Active-Duty Service: _____

If not currently approved for retirement, are you considering retiring:

within 1 year _____ within 2 years _____ 2 to 5 years _____

Will your spouse attend? _____

Submit completed form to:
Tom Berry at FAX number 301-443-4188