

TRAINING APPLICATION

Division of International Technical Cooperation, U.S. Bureau of Labor Statistics
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APPLICANT INFORMATION

SURNAME	GIVEN NAME	DATE
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SEX	DATE OF BIRTH	JOB TITLE
Male <input type="checkbox"/> Female <input type="checkbox"/>	Month Day Year	

DESCRIPTION OF JOB DUTIES

EMPLOYER

MAILING ADDRESS (Street or P.O. Box)

CITY	COUNTRY
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TELEPHONE	FAX	E-MAIL
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EDUCATION (Highest Degree)	FIELD OF STUDY
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Proficient in Reading English?	Proficient in Speaking English?	Proficient in Writing English?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COURSES REQUESTED

<input type="checkbox"/>	Constructing Producer Price Indexes and Import and Export Price Indexes (\$_____)	<input type="checkbox"/>	Economic Indicators (\$_____)
<input type="checkbox"/>	Constructing Consumer Price Indexes (\$_____)	<input type="checkbox"/>	Labor Market Information: Business Establishment Surveys (\$_____)
<input type="checkbox"/>	Measuring Productivity (\$_____)	<input type="checkbox"/>	Labor Market Information: Household Labor Force Surveys (\$_____)
<input type="checkbox"/>	Other _____ (\$_____)		

ACCOMMODATIONS

<input type="checkbox"/>	Please provide me with information about hotel accommodations.
<input type="checkbox"/>	I will arrange my own accommodations.

FINANCIAL SPONSOR INFORMATION

<input type="checkbox"/>	I have not yet started to seek financial sponsorship.
<input type="checkbox"/>	Financial sponsorship has been requested from the following organization:
<input type="checkbox"/>	Financial sponsorship has been granted by:

NOTE: Sponsor must complete the BLS Training Payment Agreement.

This collection of information is authorized by Title 29 of the United States Code. Providing the information on this form is voluntary. The information you provide will be used to register you for training and for other administrative purposes. We estimate that it will take an average of 20 minutes to complete this form. If you have any comments regarding this estimate or any other aspect of the form, including suggestions for reducing the time needed to respond, send them to the Bureau of Labor Statistics, Division of International Technical Cooperation, 2 Massachusetts Avenue, N.E., Room 2190, Washington, DC 20212 USA. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.