



# Federal Executive Board Greater Los Angeles Pre-Retirement Training

NATIONALLY KNOWN PRESENTER WITH EXCELLENT CREDENTIALS IS COMING TO SOUTHERN CALIFORNIA—BACK BY POPULAR DEMAND! SPACE IS LIMITED, COMPLETE REGISTRATION ON REVERSE

## June 16, 2009: CSRS and CSRS Offset

*(8:00 a.m. to 4:00 p.m. - \$85/per person)*

## June 17, 2009: FERS and those who have transferred to FERS

*(8:00 a.m. to 4:00 p.m. - \$85/per person)*

**Place: 501 W. Ocean Boulevard, Room 3470  
Long Beach, CA 90802**

### Each Course Includes:

- Creditable Service, i.e., military
- Retirement Options and Eligibility
- Computing Annuities
- Selecting a Retirement Date
- High-3 Average Salary
- Survivor Benefit Elections
- Death Benefits
- COLAs
- Health and Life Insurance
- Medicare and Social Security
- Thrift Savings Plan
- Federal Long Term Care

**Registration Fee:**  
**\$85/per person**

*(Spouses may attend free of charge on space availability basis)*

The presentations include employees covered under the special provisions for Law Enforcement Officers, Fire Fighters, Air Traffic Controllers, and Military Reserve Technicians.

**(Please bring your recent SF 50, Leave and Earning Statement, Social Security or other retirement statement to assist with your specific questions)**



Federal Executive Board  
Greater Los Angeles  
501 W. Ocean Blvd, Suite 3200  
Long Beach, CA 90802

Phone: 562-951-6970  
Fax: 562-951-6902

Email:  
Kathrene.Hansen@dhs.gov



[www.losangeles.feb.gov](http://www.losangeles.feb.gov)

## Purchase Form

**Registrations for Pre-Retirement Training will be accepted until class is full or June 10, 2009**

**Please Fax or Mail this form to the FEB Staff Office  
501 W. Ocean Blvd., Suite 3200, Long Beach, CA 90802  
or FAX (562) 951-6902**

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please list names of those who will attend the June 16, 2009 CSRS Course below:**

1. \_\_\_\_\_ Email \_\_\_\_\_  
2. \_\_\_\_\_ Email \_\_\_\_\_

**Please list names of those who will attend the June 17, 2009 FERS Course below:**

1. \_\_\_\_\_ Email \_\_\_\_\_  
2. \_\_\_\_\_ Email \_\_\_\_\_

Method of payment:             Enclosed Check             Credit Card

Credit Card Information:     Master Card             Visa

Full name as it appears on credit card: (Please Print) \_\_\_\_\_

Approving Signature: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiration Date:            Mo.            Year

Additional names  
and emails may  
be submitted on a  
separate sheet!

**Total amount authorized for this purchase \$**

\_\_\_\_\_  
\_\_\_\_\_