REPRODUCE LOCALLY. Include form number and date on reproductions. AD-2009 U.S. DEPARTMENT OF AGRICULTURE (05-01-01) Farm Service Agency **CROSS CULTURAL EXCHANGE PROGRAM (CCEP) APPLICATION** (Please Print and/or Type) 1. Indicate appropriate Agency (Check one below:) FAS **RMA** FSA 2A. Name of Applicant 2B. Applicant's Office Telephone Number (2C. Applicant's Position Title 2D. Applicant's Job Series/Grade 3. Applicant's Office Address (Include Division/Staff, Stop Code, and ZIP Code) 4. Workshop/Seminar (Check one and/or all below:) Diversity: What It Is and Is Not **Positive Mental Attitudes Towards Diversity Communicating with Diverse Groups** 5A. Print Supervisor's Name and Title 5B. Print Supervisor's Telephone Number 5C. Supervisor's Signature 5D. Date 6. Please submit this application to one of the addresses below: Mary Phillips FAX TO: 202-418-9131 USDA HRD TBD ATTN: Mary Phillips Stop 0574 OR 1400 Independence Avenue, SW Washington, DC 20037-0574 **EMAIL: Mary Phillips**