



Enterprise Project Management Office

PROJECT MANAGEMENT TRAINING

www.oits.ks.gov/kito

REGISTRATION FORM FOR MS PROJECT TRAINING

Directions: Complete the form and email a copy of approved registration to KITO@ks.gov.

Employee I.D. # (Required)	_____	Name:	_____	_____	_____
			Last	First	MI
E-Mail Address:	_____	State agency # or FEIN	_____		
Agency Name:	_____	Division/Bureau:	_____		
Work Address:	_____				
Work Phone:	_____				

Enrollment Statement: All participants attending project management training are required to act in a professional manner. Each participant shall promote, support, focus on, and demonstrate respect for all people and positively contribute to an inclusive training environment for all participants.

Employee's Signature Indicates Acknowledgment: _____

Supervisor's or HR Manager's Signature Indicates Approval to Attend _____
Date

Supervisor's Email: _____ Supervisor's Phone: _____

Please enroll me for the following course(s):

Please check box if you do NOT wish to receive future KITO Training announcements. (I opt out)

An Interfund Voucher or Invoice will be initiated after the class. Please include billing information:

Billing Contact:	_____	Billing Contact Email:	_____
Billing Address	_____		

This form can be completed electronically and emailed to: KITO@ks.gov
If you need special accommodations, please call (785) 296-3329 at least ten (10) days prior to class.

Cancellation Policy:

*Cancellations up to twenty (20) business days prior to the class date – 100% refund
Cancellations less than twenty (20) business days prior to the class date – no refund*