



Enterprise Project Management Office

PROJECT MANAGEMENT TRAINING

www.da.ks.gov/kito

REGISTRATION FORM FOR PM TRAINING

Directions: Complete the form, and email or fax as indicated below.

Employee I.D.# _____ Name: _____
 (Required) Last First M

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 Address: _____ Supervisor's Phone: _____

Please enroll me for the following course(s):

Course	Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Billing Contact: _____

Billing Address: _____

This form can be completed electronically and emailed to: KITO@da.ks.gov

Or you can FAX to: (785) 296-1168, Attn: EPMO.

If you need special accommodations, please call (785) 368-7161 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