



REGISTRATION FORM FOR PM TRAINING

*****ALL blanks must be completed to be considered for enrollment*****

Employee I.D.# _____ Name: _____

(Required)

Last, First, M

E-Mail Address: _____ State agency # or FEIN: _____

Agency Name: _____ Division/Bureau: _____

Work Address: _____ Zip code: _____

Work Phone: _____

Supervisor Name (First/Last) _____ Date _____

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

Supervisor/HR Manager Signature _____

(Mandatory)

Please enroll me for the following course(s):

Course:	Date	Amount

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: _____

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) 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