

PROJECT MANAGEMENT TRAINING

www.ebit.ks.gov/kito/training

REGISTRATION FORM FOR PMM CERTIFICATION TRAINING

ALL blanks must be completed to be considered for registration

Employee I.D.#			Name:
		(Required for State Employees)	Last, First, M
E-Mail Address:			State agency # or FEIN:
Agency Nar	ne:		Division/Bureau:
Work Address:			Zip Code:
Work Phone	ə:		
Supervisor I	Name (Fi	rst/Last)	Date
Supervisor's Email Address:			Supervisor's Phone:
Supervisor/I	HR Mana	ger Signature <mark>(Manda</mark>	atory)
participant s an inclusive study time p	shall pron training per day m	note, support, focus on, and demonstrate environment for all participants. It is easy be required. All electronic devices represented the control of the con	G
Employee's Signature Indicates Acknowledgment:			(Mandatory)
at a cost of end of the f Week Week	f \$1,655. final wee 1 2	To receive Kansas certification, parek of training. Course dates are as for August 26-30, 2024 September 9-12, 2024	lanagement Methodology Certification training rticipant will be required to sit for an exam at the bllows:
Week	3	September 23-27, 2024	ure KITO Training announcements. (I opt out)
		•	- , ,
An Interfun	d Vouch	er or Invoice will be initiated after the	ne class. Please include billing information:
Billing Contact: Billing		Billing	Contact Email:
Billing Address:			Zip code
	*	This form can be completed electron	ically 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: