Performance & Development Solutions (PDS)

Course Registration Form

(Please Print)

Name: _____ _____ _____
Last *First* *MI*

Department: _____ Work Location: _____

E-Mail: _____ Work Phone: _____

FOR NON-STATE EMPLOYEES, PLEASE PROVIDE BILLING INFORMATION:

Non-State Agency/Organization: _____ E-Mail: _____

Contact: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Course Number	Course Title	Date Preference	Alternative Date

Refer to PDS catalog or website for course numbers, titles, cancellation policy and dates – https://das.iowa.gov/human-resources/training-and-development/training-courses

The following signatures indicate approval of the course(s) requested above and understanding of PDS' cancellation policy.

Employee Signature	*Employee Name*	*Date*
Supervisor Signature	*Supervisor Name*	*Date*
Training Liaison Signature (State Employee Only)	*Training Liaison Name*	*Date*

Please return the completed form to:

State Employees: Your agency's Training Liaison
Non-State Employees: PDS Training, DAS-HRE, Fax: (515) 242-6450, Phone: (515) 281-5456

Accommodation Request: Please contact PDS at (515) 281-5456 or pds@iowa.gov to indicate any special needs that PDS may be able to address to make your participation more enjoyable.

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