

## 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.