

Supervisory Training Registration Form

Name (Last, First): _____

Organization: _____

Title: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Work Cell Home

Email: _____

Website: _____

How did you hear about this program? _____

Please indicate which training session you will be attending:

- | | |
|---|---|
| <input type="checkbox"/> December 6-8, 2011, Topeka | <input type="checkbox"/> June 19-21, 2012, Topeka |
| <input type="checkbox"/> February 7-9, 2012, Topeka | <input type="checkbox"/> September 18-20, 2012, Overland Park |
| <input type="checkbox"/> April 3-5, 2012, Overland Park | <input type="checkbox"/> December 4-6, 2012, Overland Park |

An invoice will be sent to your organization. Please include complete billing information here:

Billing Contact Name (Last, First): _____

Organization: _____

Title: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Work Cell Home

Email: _____

Submit completed registration form to: **KU Public Management Center**
Attn: Beverly Pleiss
715 SW 10th Street
Topeka, KS 66612
Phone: 785-296-2353
Fax: 785-296-2580
Email: brpleiss@ku.edu

Special Accommodation Request – Program Accessibility: We accommodate persons with disabilities. Please call 785-296-2353 to discuss your needs at least two weeks before the start of the program if possible.

The University of Kansas is committed to providing programs and activities to all persons regardless of race, religion, color, national origin, ancestry, sex, age, disability, and veteran status. In addition, university policies prohibit discrimination on the basis of sexual orientation, marital status, and parental status.