

Enterprise Project Management Office

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 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	
(Manda	atory)
study time per day may be required. All electronic devices Employee's Signature Indicates Acknowledgment:	Ç .
This registration enrolls the participant in the Project Nat a cost of \$1,655. To receive Kansas certification, pa end of the final week of training. Course dates are as for	Management Methodology Certification training rticipant will be required to sit for an exam at the
Week 1 March 3-7, 2025 Week 2 March 17-21, 2025	
Week 2 March 17-21, 2025 Week 3 March 31- April 4, 2025	
Please check box if you do NOT wish to receive ful	ture KITO Training announcements. (I opt out)
An Interfund Voucher or Invoice will be initiated after the	he class. Please include billing information:
Billing Contact: Billing	Contact Email:
Billing Address:	Zip code
This form can be completed electron	nically 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: