

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/pds-course-options>

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 - Email: pds@iowa.gov | 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.