

Registration submitted for (**check all that apply**):

Customer Service: Feb. 10, 2017 at 8:30 a.m.-12:00 p.m.; Coffeyville, KS; \$99 per person

Other workshop, named here: _____ Date: _____

Registrant's Name (Last, First, MI) – for official records: _____

Preferred Name: _____ Title/Classification: _____

Agency/ Organization/ School: _____

Department: _____

Address: _____ Work Home

City, State, Zip: _____

Phone (with area code): _____ Work Home Cell

Email: _____ Website: _____

Please indicate your status: Current KU Student (have access to Blackboard) Non-KU Student / General Public

How did you hear about these workshops? _____

Number of employees you currently supervise: _____ Years of experience in government: _____

What category most accurately describes your current position? Senior manager Middle manager Supervisor Employee

What category best describes your highest level of education completed? High school Associate's Bachelor's Graduate

Special Accommodation Request – **Program Accessibility:** We accommodate persons with disabilities. Please call 785-864-6864 to discuss your needs at least two weeks before the start of the program if possible. *KU is an EO/AA institution.*

Registrant's signature: _____ Date: _____

I have enclosed my payment. An invoice needs to be sent to my organization. Please include complete billing information here:

Billing Contact's Name (Last, First): _____

Title/Classification: _____

Agency/Organization: same as registrant _____

Department: same as registrant _____

Work Address: same as registrant _____

City, State, Zip: same as registrant _____

Work Phone: _____ Email: _____

Billing contact's signature: _____ Date: _____

Discount code, if applicable: _____

Please send completed registration form to mailing address, fax, or email; submit payment* to mailing address:

KU Public Management Center

Phone: 785-864-6864

Total Payment Amount Sending: _____

Attn: OE Registration

Fax: 785-864-5208

1445 Jayhawk Blvd., 4060 Wescoe Hall

Email: kupmcreg@ku.edu

Lawrence, KS 66045

Please use this form as your invoice.

***Checks:** Please include "OE Workshop" and the registrant name(s) in the memo line.

***Credit/debit card:** Go to <http://j.mp/PMCQuikPay> (case sensitive). Enter "OE Workshop" & registrant name(s) in the description.

Cancellation and Refund Policy: We understand that you may be unable to attend a course for which you have registered. You may send someone else in your place as long as you notify us ahead of time. There is no fee for this substitution. If sending someone else isn't an option, you can cancel your registration with prior notification, and you will be charged an administrative fee. We cannot provide a refund if you cancel less than two weeks in advance of the course. If you fail to cancel and do not attend, you are still responsible for payment. By signing this registration form, you agree to the full cancellation terms here: <http://j.mp/CancelRefundPolicy>.

Use of Image and Likeness Policy: We occasionally take photos and video at our courses and assume your attendance indicates your consent to having your image and/or voice used in future marketing materials. These materials may include publications, website content, promotional pieces, and posts on social media. If you wish to opt-out of the use of your image, voice, and/or name, please notify us in writing a minimum of one week prior to the course. By completing this form, you agree to the full policy terms here: <http://j.mp/ImageLikenessPolicy>

Privacy Policy: We do not share, sell, or rent our mailing lists. We typically release directory information in the form of a participant roster unless written notification to withhold this information is received at least one week before the course.