DEPARTMENT OF FINANCE AND ADMINISTRATION

Office of Personnel Management

Training Program Registration Form (NON-AASIS USERS ONLY)

Print Form | Clear Form | Submit by E-mail

Program Title

Date

Participant's Name

AASIS Employee Number

Business Area

Department / Agency Name

Job Title

Contact Information

Business Address

E-mail Address

Phone Number

PROGRAM PARTCIPANT

What specific skills, knowledge and information do you hope to gain from this program to enable you to perform your job duties more effectively?

SUPERVISOR

Supervisor's Name

Supervisor's E-mail Address

Phone Number

Please send enrollments to: OPM Training
124 W Capitol
One Union National Plaza, 10th Floor
Little Rock, AR 72201
Email: OPM.Training@dfa.arkansas.gov
Fax: 501-682-0732

Payment: Your agency will be invoiced for the payment fees.

Make all checks payable to: ***OPM Training (Vendor#: 9906100007)***