Kansas Department of Agriculture  
Division of Water Resources  
Floodplain Program  
Training Registration Form

Name __________________________________________

______________________________________________

Title __________________________________________

______________________________________________

Organization ____________________________________

______________________________________________

Address _________________________________________

City ________________ State ________________ Zip __________

Telephone ________________ Fax _______________________

E-mail ________________________________

Name, date and location of training you will attend ______________________

______________________________________________

______________________________________________

*Please share this invitation with anyone else who could benefit from the training.  
**Classroom locations will be sent to registered participants one week before the training.

Please mail or fax your registration to:

KANSAS DEPARTMENT OF AGRICULTURE  
FLOODPLAIN MANAGEMENT PROGRAM  
6531 SE Forbes Ave., Suite B  
TOPEKA, KS  66619  
Fax to: 785-296-8298

For questions about training, please contact Martin Koch by email at martin.koch@ks.gov or by phone at 785-296-0854, or contact Steve Samuelson by email at steve.samuelson@ks.gov or by phone at 785-296-4622.