

# 2010 PDS Registration Form

(Do not fill out and mail or fax this form if you are registering on-line)

Name:		SBDI #:
Street Address:	Home Phone:	
City, State, Zip Code	E-mail Address:	
Employer:		Work Phone:
Employer Address: City, State Zip Code		Fax Number:
<input type="checkbox"/> I <b>will</b> be interested in attending a PDS 2010 Refresher <input type="checkbox"/> I will <b>not</b> be interested in attending a PDS 2010 Refresher  <b>Remember, to maintain Certification, you must attend a PDS each year.</b>	My top three location choices are: 1. _____ 2. _____ 3. _____	

**Please fill out all 3 location choices. If you return this form with only one choice and it is not available, we will assign a PDS for you.**

Mail the form to us at:

Pupil Transportation Safety Institute  
224 Harrison Street, Suite 300  
Syracuse, New York 13020

**OR**, fax to: 315-475-5033

If you have any questions, please contact Julie Ferguson, 315-475-1386, [julie@ptsi.org](mailto:julie@ptsi.org).

Thank you!