

# 2010 PDS Registration Form

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

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|--|--|-------------|
| 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<br><input type="checkbox"/> I will <b>not</b> be interested in attending a PDS 2010 Refresher<br><br><b>Remember, to maintain Certification, you must attend a PDS each year.</b> | My top three location choices are:<br>1. _____<br>2. _____<br>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!