

ACT100 Introduction to Accounting

Wednesday, March 29, 2023 | 9 AM to 4 PM

Location: Canyon ISD

Room: Happy State Bank, 2800 N 23rd Street Canyon, Tx 79015

In-Person Only

EVENT DESCRIPTION: Directed towards those assigned to the business office or who work in business-related support services and have not taken an accounting or bookkeeping course. Attendees will learn the basics of double-entry bookkeeping, including general and special journals, general, detailed, and subsidiary ledgers, trial balances and worksheets and coding basics. No Prerequisite.

This ACT100 Introduction to Accounting course will be in-person only. Course materials, including the final exam will be accessed online. Attendees should bring a device to the training to access the course materials. A test will be given for those taking the course for TASBO certification credit.

FEE: \$195 Member | \$245 Non-Member

HOTEL INFORMATION: TASBO does not have a room block at any hotel for this course.

LUNCH: A one-hour break for lunch on your own.

PREREQUISITE: None

CEU/CPE Hours: 6/7

CONDITIONS: Meeting room temperatures are difficult to maintain; always bring a sweater or jacket to ensure comfort. Casual attire is acceptable.

About TASBO Events: If you or (someone attending with you) need ADA assistance to participate, please call us at 512.462.1711.

CANCELLATION POLICY: Cancellations are only accepted in writing. Cancellations received seven (7) working days before the event are cancelled in full, those received one (1) to six (6) working days before the event are cancelled at 50 percent, and cancellations are not accepted the day of or after the event. If you do not cancel and/or do not attend, you are still responsible for payment. If TASBO cancels an event, you will be refunded in full.

Register online at [TASBO.org](https://www.tasbo.org) or return completed form by:

Mail: 5920 W William Cannon Dr, Bldg 1, Ste 200, Austin, TX 78749

Email: register@tasbo.org (DO NOT email CC info)

Please PRINT clearly.

Name: _____ Title: _____

District/Employer (*do not abbreviate*): _____

Contact Phone: _____ Email: _____

Payment Method: PO _____ Check Enclosed Credit Card

Cardholder Name: _____ Daytime Phone: _____

Card Number: _____ EXP (MM/YY): _____

Billing Address: _____

Cardholder Signature: _____