

## ACT106 Financial Coding for Texas Schools

**February 3, 2022 | 9 AM to 4 PM**

**TASBO office | 5920 W William Cannon Dr | Building 1, Suite 200 | Austin, TX 78749**

**In-person Only**

**EVENT DESCRIPTION:** This course covers all aspects of account coding for Texas nonprofit charter schools, including balance sheet accounts, revenues and expenditures, and special circumstances. Students will understand why correct coding is important, and how to accurately code various situations.

A test will be given for those taking the course for TASBO certification credit.

**FEE:** \$185 Member | \$235 Non-Member

**HOTEL INFORMATION:** The hotel nearest the TASBO office is the Hampton Inn Oak Hill, located at 6401 US Hwy 290 West, Austin, Texas 78735. Call them at 512-891-7474 and ask for the TASBO rate of \$129/night.

**LUNCH:** There will be a one-hour break for lunch, which will be provided.

**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](http://TASBO.org) or return completed form by:**

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

**Fax:** 512.462.1782

**Email:** [register@tasbo.org](mailto: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: \_\_\_\_\_