T|A|S|B|O

ACT106_120

ACT106 Financial Coding for Texas Schools

September 20, 2022 | 9 AM to 4 PM
ESC Region 1 | 1900 W. Schunior St. | Edinburg, TX 78541
In-Person Only

EVENT DESCRIPTION: This course covers all aspects of account coding for Texas school districts, including balance sheet accounts, revenues, expenditures, and special circumstances. Students will understand why correct coding is important, and how to accurately code various situations. No Prerequisite.
A test will be given for those taking the course for TASBO certification credit.
This 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.

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 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** (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: _____