

ACT205A Intermediate Governmental Accounting, Part 1

January 26, 2023 | 9 AM to 4 PM

ESC Region 18 | 2811 LaForce Blvd | Midland, Tx 79706

Room: Tech 9 & 10

In-Person Only

EVENT DESCRIPTION: Participants should have a basic understanding of classifying, recording, and summarizing governmental bookkeeping transactions before taking this course. Attendees will review governmental funds and fund types, GASB's accounting principles, financial statement elements, accounting policies and disclosures, and specialized accounting applications. 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: Basic understanding of governmental accounting

CEU/CPE Hours: 6/7

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

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

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://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: _____