

## MAO307 Long Range Planning

**Wednesday, October 26, 2022 | 9 AM to 4 PM**  
**Location: FRISCO ISD, 10701 Dallas Parkway, Frisco, Tx 75033**  
**Room: Transportation West Training Rooms**  
**In-Person Only**

**EVENT DESCRIPTION:** Participants will learn processes for building a long-range facility plan. Discussions will include facility needs assessment, cost analysis, planning resources, plan development, and techniques for this important aspect of facility management. No Prerequisite.

This MAO307 Long Range Planning 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 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.

**Time:** 9:00 AM – 4:00 PM (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://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: \_\_\_\_\_