

## MGT301 Functions and Duties of School Business Administrators

**Tuesday, October 24, 2023 | 9 AM to 4 PM**

**Location: El Paso ISD, 6500K Boeing Dr, El Paso, TX 79925**

**In-Person Only**

**EVENT DESCRIPTION:** This course is a requirement for RTSBO and RTSBA Certification. Attendees will come away with a broad overview of the standards and competencies for school business administrators in each of eight areas of school business management. No Prerequisite.

This MGT301 Functions and Duties of School Business Administrators 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: \_\_\_\_\_