

## MGT307 Business Ethics

**July 13, 2022 | 9 AM to 4 PM**

**Klein ISD | 7500 FM2920 | Klein, TX 7779 | Klein Multi-Purpose Center, Room 403**

**In-Person Only**

**EVENT DESCRIPTION:** This course is a requirement for every level of TASBO certification. Attendees will discuss and come away with an understanding of how ethical values are developed, ethical values versus the law, identifying organizational ethical standards, coping with unethical people, and ethical guidelines for decision making. No Prerequisite.

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

**FEE:** \$185 Member | \$235 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](https://www.tasbo.org) or return completed form by:**

**Mail:** 5920 W William Cannon Dr, Bldg 1, Ste 200, **Fax:** 512.462.1782 **Email:** [register@tasbo.org](mailto:register@tasbo.org) (**DO NOT** email CC info)  
Austin, TX 78749

*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:** \_\_\_\_\_