

## Leadership Fundamentals - Region 7

TASBO has partnered with the Kevin Eikenberry Group to offer their immersive 2-day program, Bud to Boss, as our core leadership training. Lead by one of TASBO’s certified facilitators, this program incorporates the experiences and perspectives of seasoned school business leaders. These facilitators have been in your shoes and they have the tools and strategies to meet you wherever you are in your leadership journey and offer guidance for your future aspirations. Whether you strive to lead, were recently promoted to a management role, or have been in a leadership role for years, you are certain to gain from this experience.

**October 4-5 | 9AM-4PM Both Days**  
**Region 7 ESC | 1909 N Longview St | Kilgore, TX 75662**  
**\$550 Member | \$600 Non-Member**

**LUNCH:** Provided by TASBO

**PREREQUISITE:** None

**CEU/CPE Hours:** 12/14

**CONDITIONS:** Satisfactory meeting room temperatures are difficult to maintain. Always bring a sweater or jacket to ensure comfort. Casual attire is acceptable.

**ABOUT TASBO EVENTS:** TASBO will send an email with a link to the handouts. You are encouraged to BYOD (Bring Your Own Device). If you or (someone attending with you) need ADA assistance to participate, please call us at 512-628-1283.

**CANCELLATION POLICY:** Cancellations are only accepted **in writing**. Cancellations received seven (7) working days before the event are canceled 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](http://TASBO.org) or return completed form by:**

**Mail:** 5920 W. William Cannon; Bldg  
 1, Suite 200, Austin, Texas 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: \_\_\_\_\_