

## Leadership Fundamentals Workshop- Harris County Department of Education

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 seven 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.

**TIME:** Wednesday & Thursday, October 4<sup>th</sup> & 5<sup>th</sup> 9AM- 4:00PM

**FEE:** Member 550/Non- Member 600

**PRESENTERS:** Mike Brooks, RTSBA

**LOCATION:**

**FOOD:** Lunch will be provided by TASBO

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

**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.

With questions regarding registration, payments, or changes, please email [register@tasbo.org](mailto:register@tasbo.org).

Register online at [TASBO.org](http://TASBO.org) or return the 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)

<i>Please PRINT clearly.</i>	
Name: _____	Title: _____
District/Employer ( <i>do not abbreviate</i> ): _____	
Contact Phone: _____	Email: _____
<b>Payment Method:</b> <input type="checkbox"/> PO            _____ <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit Card	
Cardholder Name: _____	Daytime Phone: _____
Card Number: _____	EXP (MM/YY): _____
Billing Address: _____	
Cardholder Signature: _____	