

Leadership Fundamentals Workshop- El Paso ISD

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: Tuesday & Wednesday, November 14th and 15th 9:00AM- 4:00PM MST

FEE: Member 550/Non- Member 600

PRESENTERS: Pattie Griffin, RTSBA

LOCATION: 1014 N. Stanton, 1st Floor Main Conference Room, E, El Paso, TX 79925

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.

Register online at 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 (**DO NOT**
email CC info)

<i>Please PRINT clearly.</i>		
Name: _____	Title: _____	
District/Employer (<i>do not abbreviate</i>): _____		
Contact Phone: _____	Email: _____	
Payment Method:	<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: _____		