

## HB3: Deep Dive for 2020 Workshop

**Thursday, January 16, 2020 | 9:00 AM to 4:00 PM**  
**HEB ISD | Pat May Center | 1849 Central Dr | Bedford, TX 76022**

The implications of HB3 are still unfolding and will affect district operations both in the current year and in planning and budgeting for next year and beyond. This workshop will include a deeper dive on some of the longer-term implications of House Bill 3, such as:

- Planning for future tax rate compression and tax ratification election
- Managing new program rules for compensatory and bilingual education
- Maximizing college career and military readiness outcomes allotment funding
- Scaling up to provide full day prekindergarten

**FEE:** \$225 Member | \$275 Non-Member

**LUNCH:** Provided by TASBO

**PREREQUISITE:** None

**CEU/CPE Hours:** 6/7

**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:** Seating is limited, so register early. 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 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](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: \_\_\_\_\_