

## Getting Things Done- The Art of Stress-Free Productivity Workshop

The Getting Things Done® workshop, by Vital Smarts, teaches the skills you need to manage the constant flow of requests, tasks, and interruptions you encounter all day. By learning how to capture, clarify, and organize your to-do list, you are more likely to make the best decision about where to spend your time/energy and prevent critical projects from slipping through the cracks, ultimately becoming more productive. When you are equipped with those skills, you are less likely to experience stress and burnout.

Learn how to:

- Capture all incoming requests efficiently
- Process your inbox more effectively
- Tackle projects rather than procrastinating
- Organize tasks and projects
- Align time and resources to be productive, not just busy
- And much more!

**TIME:** Thursday, September 7<sup>th</sup> 9AM- 4:00 PM

**FEE:** 375 Member/ 425 Non-Member

**PRESENTERS:** Jason Meek, RTSBA

**LOCATION:** TASBO HQ, 5920 W. William Cannon, Bldg 1, Suite 200, Austin, TX 78749

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

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

**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

**Email:** [register@tasbo.org](mailto:register@tasbo.org) (**DO NOT**  
email CC info)

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Name: _____	Title: _____
District/Employer (do not abbreviate): _____	
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<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: _____	