

2023 Purchasing Academy

The annual Purchasing Academy provides a comprehensive look at relevant topics within this specific area of school finance and operations. Examine current events, recent legislation, state and federal guidelines, and best practices to successfully navigate the landscape of Texas schools. Connect with colleagues around the state and hear from district leaders, key partners from regulatory agencies, legal firms, and innovators within the industry. No prerequisite required to register. **CEU 9/CPE 10.5**

Wednesday and Thursday, October 11-12 Day 1: 8:30 AM to 4:45 PM | Day 2: 9:00 AM to 12:30 PM

Sheraton Austin Georgetown Hotel and Conference Center 1101 Woodlawn Avenue, Georgetown, TX, 78628

FEE: \$335 Member | \$385 Non-MemberLIPREREQUISITE: NoneC

LUNCH: Provided by TASBO CEU/CPE Hours: 9/10.5

BOOK YOUR HOTEL: BOOK YOUR HOTEL: <u>Book your sleeping room online</u> at the TASBO room rate of \$189. Block closes September 21 or when sold out. Self-parking is complimentary.

CONDITIONS: Satisfactory meeting room temperatures are difficult to maintain. Always bring a sweater or jacket to ensure comfort. Business 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 512-462-1711

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 or return completed form by:

| Mail: 5920 W. William Cannon, Building 1, Suite 200, Austin, TX 78749 | | Fax: 512.462 | | Email: register@tasbo.org (<u>DO NOT</u> email Credit Card info) | |
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| Please PRINT clearly. | | | | | |
| Name: | | | Title: | | |
| District/Employer (do no | ot abbreviate): | | | | |
| Contact Phone: | | Email: | | | |
| Payment Method: | □ PO | | Check Enclose | d 🗌 Credit Card | |
| Cardholder Name: | | | Daytime Pl | hone: | |
| Card Number: | | | EXP (MM/YY) | : | |
| Billing Address: | | | | | |
| Cardholder Signature: | | | | | |