

2024 Internal Audit Academy

The annual Budget 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. **CEU 9/CPE 10.5**

Westin San Antonio North
9821 Colonnade Blvd, San Antonio, TX 78230
Tuesday–Wednesday, September 24–25, 2024
Day 1: 8:45 AM to 4:45 PM
Day 2: 9:00 AM to 12:30 PM

FEES: \$335 Member | \$385 Non-Member

LUNCH: Provided by TASBO on day 1

PREREQUISITE: None

CEU/CPE Hours: 9/10.5

BOOK YOUR HOTEL: [Book your sleeping room online](#) at the TASBO room rate of \$139. Room block **closes September 9.**

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 512-462-1711.

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](https://tasbo.org) or return completed form by:

Mail: 5920 W. William Cannon Dr. Bld 1,
Ste 200, Austin, TX 78709

Fax: 512.462.1782

Email (DO NOT email CC info): register@tasbo.org

Name: _____ Title: _____

District/Employer (do not abbreviate): _____

Contact Phone: _____ Email: _____

Full Mailing Address: _____

Payment Method: PO _____ Check Enclosed Credit Card

Cardholder Name: _____ Daytime Phone: _____

Card Number: _____ EXP (MM/YY): _____

Billing Address: _____

Cardholder Signature: _____