2022 PEIMS Academy – Arlington

The annual PEIMS 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.

Wednesday -Thursday, September 21-22, 2022
Day 1: 8:45AM to 4:45PM | Day 2: 9:00AM to 12:30PM
Hilton Arlington
2401 E. Lamar BLVD | Arlington, TX 76006

FEE: $335 Member | $385 Non-Member   **LUNCH:** Provided by TASBO on Day 1
PREREQUISITE: None   **CEU/CPE Hours:** 9/10.5
BOOK YOUR HOTEL: Call (817) 640-3322 and request the Texas Assoc of School Business Officials rate of $145. Link to hotel block is also available on tasbo.org. Block closes September 6, 2022, or when sold out.

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 512-628-1282.
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, Texas 78749   **Fax:** 512.462.1782   **Email:** register@tasbo.org (<u>DO NOT</u> email Credit Card 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: _____