

2023 PEIMS Academy - Houston

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 20 and 21, 2023
Day 1: 8:45 AM to 4:45 PM | Day 2: 8:30 AM to Noon

Sheraton Houston Brookhollow Hotel
3000 North Loop W
Houston, TX 77092

FEE: \$335 Member | \$385 Non-Member
PREREQUISITE: None

LUNCH: Provided by TASBO on day 1
CEU/CPE Hours: 9/10.5

BOOK YOUR HOTEL: Call 888-236-2427 or 713-688-0100 and request the Texas Association of School Business Officials (TASBO) 2023 PEIMS Academy rate of \$110 or [book online here](#). **Block closes September 11, 2023 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. 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, Building 1, Suite 200, Austin, Texas 78749 **Fax:** 512.462.1782 Email: 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: _____