

## 2023 Synergy

This event, co-hosted by TASBO and TCASE, is aimed at both finance and special education sides of the district and how they can work together. The program will include expert presenters on MOE, state funding, and more.

Thursday, November 2; 8:45 AM - 4:45 PM | Friday, November 3; 9:00 AM - 12:30 PM

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

FEE: \$335  
 PREREQUISITE: None

LUNCH: Provided day 1  
 CEU/CPE Hours: 9/10.5

BOOK YOUR HOTEL: [Book your sleeping room online](#) at the TASBO room rate of \$189. Block closes October 16 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](http://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](mailto: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: \_\_\_\_\_