

2023 PEIMS Fundamentals - Houston

Have you been in your PEIMS position for less than two years? TASBO PEIMS Fundamentals has just what you need. Address the core skills that effectively guide coordinators, directors, or supervisors in a specific school business capacity. Explore terminology, best practices, reporting, deadlines, rules, and legal requirements. Connect with colleagues around the state and leave with the day-to-day knowledge you need to be successful in a Texas school district.

Tuesday, September 19, 2023 Time: 8:45 AM to 4:45 PM

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

FEE: \$235 Member | \$285 Non-Member PREREQUISITE: None

Mail: 5920 W. William Cannon, Building 1,

LUNCH: Provided by TASBO CEU/CPE Hours: 6/7

Fax: 512 462 1782 Email: register@tasbo.org (DO NOT email CC info)

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 <u>book online here</u>. **Block closes August 29, 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 or return completed form by:

| Suite 200, Austin, Texas 78 | | | J | |
|-------------------------------------------------|------|--------|----------------|-------------|
| Please PRINT clearly. Name: | | | Title: | |
| District/Employer (<i>do not abbreviate</i>): | | | | |
| Contact Phone: | | Email: | | |
| Payment Method: | □ PO | Ch | eck Enclosed | Credit Card |
| Cardholder Name: | | | Daytime Phone: | |
| Card Number: | | | EXP (MM/YY): | |
| Billing Address: | | | | |
| Cardholder Signature: | | | | |

