

2024 Budget Fundamentals

Have you been in your position for less than two years? TASBO Budget 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. **CEU 6/TBD.**

Courtyard By Marriott Austin Pflugerville

16100 Impact Way, Pflugerville, TX 78660

Tuesday, October 22, 2024

Day 1: 8:45 AM to 4:45 PM

FEE: \$235 Member | \$285 Non-Member

LUNCH: Provided by TASBO on day 1

PREREQUISITE: None

CEU/CPE Hours: 6/TBD

BOOK YOUR HOTEL: [Book your room online](#) at the TASBO room rate of \$144. Room block **closes September 30.**

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: _____