

2023 Payroll Fundamentals

Have you been in your payroll position for less than two years? TASBO Payroll 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/CPE 7**

Tuesday, October 24 | 8:45 AM to 4:45 PM

Embassy Suites Denton Convention Center
3100 Town Center Trail | Denton, TX 76201

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

PREREQUISITE: None

LUNCH: Provided by TASBO

CEU/CPE Hours: 6/7

BOOK YOUR HOTEL: Call 940-243-3799 to request the TASBO single/double room rate of \$162 or [book online here](#). Block closes October 2 or when full.

CONDITIONS: Satisfactory meeting room temperatures are difficult to maintain. Always bring a sweater or jacket to ensure comfort. Business 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:

Mail: 5920 W. William Cannon, Building
1 Suite 200; Austin, TX 78749

Fax: 512.462.1782

Email: register@tasbo.org
(DO NOT 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: _____