

2023 Payroll Academy

The annual Payroll Academy provides a comprehensive look at relevant topics within the payroll area of specific areas 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. **CEU 9/CPE 10.5**

Wednesday, October 25, 8:45 AM- 4:45 PM | Thursday, October 26, 9:00 AM – 12:30 PM
 Embassy Suites Denton Convention Center
 3100 Town Center Trail | Denton, TX 76201

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

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

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](https://tasbo.org) or return completed form by:

Mail: 5920 W. William Cannon, Bldg 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: _____