



2024 Personnel Academy

The annual Personnel Academy provides a comprehensive look at relevant topics within the personnel area 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, January 24, 8:45 AM - 4:45 PM | Thursday, January 25, 9:00 AM – 12:30 PM
Embassy Suites by Hilton Dallas-Frisco Hotel & Convention Center
7600 John Q. Hammons Drive | Frisco, TX 75034

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

LUNCH: Provided by TASBO
CEU/CPE Hours: 9/10.5

BOOK YOUR HOTEL: [Click here to book your sleeping room online](#) at the TASBO rate of \$175. Block closes January 5 or when sold out Discounted self-parking in garage for \$8.

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, Bldg 1,
Ste. 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: _____

