

## Finance+CTE Joint Academy – Denton

This event, co-hosted by TASBO and CTAT, is aimed at finance, career + technical education (CTE), and PEIMS areas of the district and how they need to work together to manage state CTE funds, student CTE businesses, CTE course master schedules, and to ensure that the PEIMS financial and student data submitted is accurate.

We will also explore state and federal requirements, data quality, allowable costs, best practices, and much more.

**Wednesday and Thursday, October 25-26, 2023**

Day 1: 8:45 AM to 4:45 PM | Day 2: 8:55 AM to 12:30 PM

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

**FEE:** \$335

**LUNCH:** Provided

**PREREQUISITE:** None

**CEU/CPE Hours:** 9/10.5

**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 512-628-1282.

**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](http://TASBO.org) or return completed form by:

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

Fax: 512.462.1782

Email: [register@tasbo.org](mailto:register@tasbo.org) (DO NOT email CC 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: \_\_\_\_\_