

ACT104_72 Budget and Financial Planning

Tuesday, February 6, 2024 | 9 AM to 4 PM

Location: ESC Region 10 | 400 E Spring Valley Rd, Richardson, TX 75081

In-Person Only

EVENT DESCRIPTION: This course covers all aspects of budgeting and financial planning. Attendees will come away with an understanding of the budget development process, legal requirements related to developing a budget, multiple approaches to budgeting, roles, and responsibilities of various parties, how to estimate revenues and expenditures, and preparing multi-year projections. No Prerequisite.

This ACT104 Budget and Financial Planning course will be in-person only. Course materials, including the final exam, will be accessed online. Attendees should bring a device to the training to access the materials. A test will be given for those taking the course for TASBO certification credit.

FEE: \$195 Member | \$245 Non-Member

HOTEL INFORMATION: TASBO does not have a room block at any hotel for this course.

Time: 9:00 AM – 4:00 PM (A one-hour break for lunch on your own)

PREREQUISITE: None

CEU/CPE Hours: 6/7

CONDITIONS: Meeting room temperatures are difficult to maintain; always bring a sweater or jacket to ensure comfort. Casual attire is acceptable.

About TASBO Events: 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://www.tasbo.org) or return completed form by:

Mail: 5920 W William Cannon Dr, Bldg 1, Ste 200, Austin, TX 78749 **Fax:** 512-462-1782 **Email:** 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: _____