

ACT203B Investing School Funds

Thursday, May 25, 2023 | 9 AM to 4 PM

Location: HCDE, 6300 Irvington Blvd, Houston, Tx 77022

Room: 502

In-Person Only

EVENT DESCRIPTION: Building on ACT203A, this course will give attendees a detailed and advanced cash management and investment focus. Attendees will review best practice depository relationships and contracts, GASB reporting for statements 31, 40 and 72, safety in collateral arrangements and safekeeping, as well as how to establish competitive and effective broker / dealer relationships. Prerequisite: ACT203A.

This ACT203B Investing School Funds 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: ACT203A

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://tasbo.org) or return completed form by:

Mail: 5920 W William Cannon Dr, Bldg 1, Ste 200, Austin, TX 78749

Email: register@tasbo.org (DO NOT email CC info)

<i>Please PRINT clearly.</i>		
Name: _____	Title: _____	
District/Employer (<i>do not abbreviate</i>): _____		
Contact Phone: _____	Email: _____	
Payment Method: <input type="checkbox"/> PO _____ <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit Card		
Cardholder Name: _____	Daytime Phone: _____	
Card Number: _____	EXP (MM/YY): _____	
Billing Address: _____		
Cardholder Signature: _____		