



### CSRМ Administering School Risk in Insurance

Thursday, March 28, 2024 | 8:00 AM to 5:00 PM | Lunch Included

Location: TASBO 5920 W. William Cannon Dr, Austin, TX 78749

In-Person Only

This is one of the five-part Certified School Risk Managers (CSRМ) designation programs for school personnel responsible for the risk management function. Participants will learn to implement and monitor the school risk management program, along with communications tools, the risk management information system (RMIS) and process for delivering resources to the district, such as request for proposal, competitive sealed bids, etc. The establishment of a district code of ethics and ongoing ethics program concludes the course.

**FEE:** \$250 Member | \$250 Non-Member

**EXAM:** Optional exam (for CSRМ designation) begins at 4:00 PM. The CSRМ designation is offered by the National Alliance for Insurance Education and Research. Visit <https://www.scic.com/csrм/> for more information about the CSRМ.

**HOTEL INFORMATION:** The hotel nearest the TASBO office is the Hampton Inn Oak Hill, located at 6401 US Hwy 290 West, Austin, Texas 78735 (512-891-7474). Use this link to book a room at the TASBO rate of \$129/night.

**CE Hours:** 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](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: \_\_\_\_\_