



CSRM Handling School Risk

Tuesday, February 20, 2024 | 8:00 AM to 5:00 PM | Lunch Included
Hilton Americas – Houston; 1600 Lamar Street, Houston, TX
In-Person Only

This is one of the five-part Certified School Risk Managers (CSRM) designation programs for school personnel responsible for the risk management function.

Participants will learn to analyze and evaluate school risks, along with the mechanics of forecasting and trending losses to be used in estimating loss projections, determining insurance program retentions, and deductibles.

Topics Covered:

- Fundamentals of Controlling Risk
- Safety & Health Programs for School Districts
- School District Exposures
- Managing School Claims

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

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

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://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: _____