



## CSRM Measuring School Risks

Monday, February 19, 2024 | 8:00 AM to 5:00 PM | Lunch Included

Hilton Americas – Houston; 1600 Lamar Street, Houston, TX

In-Person Only

**EVENT DESCRIPTION:** This is one of the five-part Certified School Risk Managers (CSRM) designation program 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:**

- Introduction and Qualitative Analysis for School Risks
- Quantitative Analysis Tools and Forecasting
- Qualitative Risk Assessment and Loss Run Analysis
- The Risk Analysis Process

**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.

**HOTEL INFORMATION:** Hotel reservation information will be emailed once your registration is processed.

**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 event are cancelled in full, those received one (1) to six (6) working days before event are cancelled at 50 percent, and cancellations are not accepted the day of or after 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: \_\_\_\_\_