



Workshop

1162_02 New Business Managers Bootcamp

Thursday, July 10, 2014

Austin Marriott South • 4415 South IH35; Austin, TX 78744

TASBO has developed a new workshop designed especially for those who have been in their positions a year or less. We'll cover the basics of many aspects of your job. Past speakers have presented sessions on topics such as Audit and Budget Basics, State Funding Template, Truth in Taxation and Activity Funds, and you can expect similar helpful and engaging topics this year. **CEU 6/ CPE 7**

No Prerequisite is required to register. [Register online](#) or fax completed registration form to TASBO with credit card or purchase order number at (512) 462-1782. To register by mail, send completed registration form with payment to: TASBO, 2538 South Congress, Austin, Texas, 78704. If you, or someone attending with you, need special ADA assistance to participate, please call 512-462-1711 ext. 210.

Yes! Please register me for the following TASBO workshop:

	7/10/14	1162_02	Austin Marriott South 4415 South IH35 Austin, TX 78744	Please call (512) 441-7900 and request the TASBO room rate of \$120 per night or click here . The cutoff is 6/25/14.
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Fee: \$190 Member \$240 Non-Member

CEU Hours: 6 / CPE Hours: 7

PLEASE PRINT CLEARLY

Register [Online](#) now with PO or credit card

Name _____ Title _____

District/Employer (Please do not abbreviate district's name) _____

Mailing Address _____ City _____ TX Zip _____

Phone _____ E-Mail _____

Cancellation Policy: Cancellations must be sent in writing by mail, email or fax. Cancellations received seven (7) working days before the event will be refunded in full; cancellations received one (1) to six (6) working days before the event will be refunded at 50 percent; and cancellations received the day of the event will not be refunded. If you do not cancel and do not attend, you are still responsible for payment. If TASBO cancels a workshop, the association will refund your fee in full.

Payment Method: Check PO# _____ MasterCard AMEX Visa

Credit Card # _____ Expiration Date _____

Cardholder's Name: _____

Cardholder's Address: _____

Signature: _____