



Online Education Course Registration

5319_01 • SNC101 Online: Introduction to School Nutrition

Online education courses are available for 90 days after registration

Topics covered in this course include: federal and state regulations, budget and finance, policies and procedures, contracted food services, employee training and effective communications. **No prerequisite required to register.**

Online education courses are designed to be approximately 6 hours in length. An exam will be given for those taking the course for TASBO certification credit. **Please note: You are only able to attempt the exam ONE time.** The course also provides continuing education credit for TASBO certification, CPAs, school board members, charter school administrators, TESA STEM participants and certified educators.

CEU Hours – 6 / CPE Hours – 7

[Register online](#) or fax completed this 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:

NEW ADDRESS: PO Box 91929, Austin, TX 78709

If you, or someone attending with you, need special ADA assistance to participate, please call 512-462-1711 ext. 210.

Yes! Register me for the following TASBO online course: 5319_01 90 DAYS ONLINE

Fee: \$160 Member \$210 Non-Member

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 course, 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: _____