



Workshop

Business Skills for Campus Secretaries and Bookkeepers

A one-day workshop to address many of the business-related tasks of a Campus Secretary and Bookkeeper. The role of a Campus Secretary and Bookkeeper is often one filled with complex tasks related to activity accounts, cash management, purchasing, and communicating with staff, students, parents, and others. The topics of the day will include: budget monitoring and amendments, account codes, requisitions and purchase orders, cash management, activity accounts, petty cash, records management, and communication.

Members may register online at tasbo.org or fax the completed registration form to TASBO with credit card or purchase order number at (512) 462-1782. To register by mail, complete the registration form and mail with payment to: TASBO, 2538 South Congress, Austin, Texas, 78704-5555.

If you, or someone attending with you, needs special ADA assistance to participate, please call TASBO at 800-338-6531, ext. 210.

Yes! Register me for the following TASBO workshop:

	2/10/2012	Corpus Christi	1152-11	Region 2 ESC	209 North Water St, Room 3-15 Corpus Christi, Texas 78401
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Fee: \$180 Member \$220 Non-Member

CEU Hours: 6 / CPE Hours: 7

PLEASE PRINT CLEARLY

Register Now with a PO or credit card at <http://tasboonline>

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 an event, 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: _____