



Texas Hospital
Association Foundation

BEHAVIORAL HEALTH CONFERENCE
TCEA Conference Center - NEW LOCATION
3100 Alvin Devane, Bldg B, Austin 78741
JUNE 15-16, 2017

REGISTRATION FORM

REGISTRATION OPTIONS:

PLEASE SELECT ONE	EARLY (before May 5)	REGULAR (after May 5)	LATE (after June 2)
MEMBER	<input type="checkbox"/> \$355	<input type="checkbox"/> \$385	<input type="checkbox"/> \$445
NON-MEMBER	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475	<input type="checkbox"/> \$500

Accounting Use Only

#18-10-3301-22-0207-000

Check # _____

Amount \$ _____

REGISTRANT INFORMATION – Please include all information exactly as you wish it to appear on your name badge.

Please Print. Payment must accompany registration form. Registration price is based on date payment is received.

Name _____

Title _____

Nickname for Badge _____

Organization _____

Address _____

City/State/ZIP _____

Phone _____

Fax _____

Email _____

(*IMPORTANT* All correspondence sent to this email)

Enclosed is my check payable to THA in the amount of \$_____. (There will be a \$25 charge on all returned checks.)

Or I authorize THA to charge my credit card:

Visa MC AmEx

Account # _____

Expiration Date _____ CVV _____

Name as Shown on Card _____

Signature _____
(must be signed to charge)

Billing Address _____
(if different from left)

City/State/ZIP _____

ONLINE
www.tha.org
FAX
512/692-2653

QUESTION?
512/465-1057 or
servicecenter@tha.org

MAIL
Texas Hospital Association
P.O. Box 95353
Grapevine, TX 76099-9733

OVERNIGHT
1108 Lavaca, Suite 700
Austin, TX 78701-2108

Deadline for registration is **Thursday, June 1.**

In order to be eligible for discounted pricing, payment must be received by the corresponding deadline. All attendees must register. If you have questions about your membership status, contact registrar@tha.org.

Vendor attendance is limited to those companies/firms participating in the conference as a sponsor. Contact Joby Strobo at jstrobo@tha.org or 512/465-1020 or Noelle Parsons at nparsons@tha.org or 512/465-1013 for more information.

SPECIAL NEEDS

We are happy to try and accommodate any special needs (physical, dietary or otherwise) you might have. Please be sure that your need is communicated to registrar@tha.org well in advance of the event. Should you have need for a specialized (vegetarian or gluten-free) meal, please be sure that this need is identified. We are unable to serve specialized meals without advanced notice.

CANCELLATIONS AND SUBSTITUTIONS

Registrants unable to attend may designate an alternate. Please notify THA no later than **Thursday, June 1** if possible.

Transfer from one THA education program to another is not permitted, and no financial credit will be granted. If a registrant cancels, the registration fee, less a 20 percent service charge, is refundable only if THA receives notice in writing by **Thursday, June 1 at 5:00 p.m.** (Send notification via email to registrar@tha.org or fax to 512/692-2653.) No refunds will be made for no-shows or cancellations made after **Thursday, June 1 at 5:00 p.m.**

Refunds will be processed after the event; please allow 4-6 weeks. THA reserves the right to cancel or reschedule programs as determined necessary. If a program is canceled, full registration refunds will be issued. THA is not responsible for nonrefundable airline tickets or other travel expenses.