

## 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](http://www.tha.org)  
**FAX**  
 512/692-2653

**QUESTION?**  
 512/465-1057 or  
[servicecenter@tha.org](mailto: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](mailto: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](mailto:jstrobo@tha.org) or 512/465-1020 or Noelle Parsons at [nparsons@tha.org](mailto: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](mailto: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](mailto: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.