

## REGISTRATION FORM

### REGISTRATION OPTIONS

(please check one)

	<b>EARLY</b> (on or before Mar. 10)	<b>REGULAR</b> (Mar. 11-Apr. 7)	<b>LATE</b> (after Apr. 8)
<input type="checkbox"/> Member	<b>\$379</b>	<b>\$429</b>	<b>\$469</b>
<input type="checkbox"/> Non-Member	<b>\$419</b>	<b>\$469</b>	<b>\$519</b>

Accounting Use Only

Seminar #: 18-10-3201-28-0215-000

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 # \_\_\_\_\_ CVV \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as Shown on Card \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

**ONLINE**  
www.tha.org

**FAX**  
512/692-2653

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

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

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 [servicecenter@tha.org](mailto:servicecenter@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 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 [servicecenter@tha.org](mailto:servicecenter@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 **March 24** 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 **March 24**. (Send notification via email to [servicecenter@tha.org](mailto:servicecenter@tha.org) or fax to 512/692-2653.) No refunds will be made for no-shows or cancellations made after **March 24**.

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.