



WEBINAR REGISTRATION FORM

CMS Hospital Conditions of Participation Made Easy 2018

FIVE-PART SERIES

May 1 Noon-2 p.m. Central
May 8 Noon-2 p.m. Central
May 15 Noon-2 p.m. Central
May 22 Noon-2 p.m. Central
May 29 Noon-2 p.m. Central

REGISTRATION FEE:

	Member	Non-member
Part 1, May 1	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Part 2, May 8	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Part 3, May 15	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Part 4, May 22	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Part 4, May 29	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150

Total \$ _____

Accounting Use Only

Webinar #: 3301-22-0114-682 (5/1)
 Webinar #: 3301-22-0114-683 (5/8)
 Webinar #: 3301-22-0114-684 (5/15)
 Webinar #: 3301-22-0114-685 (5/22)
 Webinar #: 3301-22-0114-686 (5/29)

Check # _____

Amount \$ _____

Registration includes one toll-free phone audio connection and one web connection per registered facility. An unlimited number of staff should gather in one room to "attend" and receive continuing education credit. Additional line connections will be billed accordingly. A recording of this program is also included in the cost of registration.

REGISTRANT INFORMATION – Please include all information requested.

Please Print. **Payment must accompany registration form.**

Name _____
 Title _____
 Department _____
 Organization _____
 Address _____
 City/State/ZIP _____
 Phone (area code) _____
 Fax (area code) _____
 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 _____
 Billing Address _____
 City/State/ZIP _____

(*IMPORTANT* All correspondence sent to this email)

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

CANCELLATIONS AND SUBSTITUTIONS

Registrants unable to attend may allow an alternate to connect. 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 no less than five business days prior to the program. (Send notification via e-mail to registrar@tha.org or fax to 512/692-2653). Refunds will be issued only after the program runs and it is verified that the registrant did not access the program.