



Texas Hospital  
Association Foundation

# 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 \_\_\_\_\_

(\*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 \_\_\_\_\_  
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

### 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.