WEBINAR REGISTRATION FORM

CMS Hospital Improvement FINAL RULES

REGISTRATION FEE:

December 4, 2019 Webinar
Noon-2 p.m. Central

☐ Member $165
☐ Non-Member $195

Total $_____

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)

☐ Inclosed is my check payable to THAF in the amount of $_____. (*There will be a $25 charge on all returned checks.*)

Or I authorize THAF to charge my credit card:

☐ Visa ☐ MC ☐ AmEx

Account # _____

Expiration Date _____

CVV_____

Name as Shown on Card _____

Signature _____

Billing Address _____

City/State/ZIP _____

ONLINE	FAX	MAIL	OVERNIGHT
www.tha.org	512/692-2653	Texas Hospital Association P.O. Box 95353 Grapevine, TX 76099-9733	1108 Lavaca, Suite 700 Austin, TX 78701-2108

CANCELLATIONS AND SUBSTITUTIONS

Registrants unable to attend may allow an alternate to connect. Transfer from one THAF 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 THAF 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.