



REGISTRATION FORM

PRE-CONFERENCE WORKSHOPS

THURSDAY, JULY 18 (PLEASE CHECK ONE)

- ☐ Advanced Board Training ☐ Orientation and Refresher

EARLY

REGULAR

(on or before June 1) (after June 1)

- ☐ Member \$199 \$259
☐ Non-Member \$259 \$309

GOLF TOURNAMENT

- ☐ Individual Golfer - \$150

Golf Tournament questions?

Jessica Hoeftling at jhoeftling@tha.org.
For more information visit www.tht.org.

JW Marriott Hill Country Resort & Spa

23808 Resort Pkwy, San Antonio, TX 78261 • 855/476-6976

\$211 sgl/dbl plus an optional \$10 resort fee, complimentary self-parking and \$37 overnight valet parking

THT Works with a third-party organization, **Connections Housing**, to manage hotel reservations. Please call the number above to make a hotel reservation. Do not call the hotel direct. You can also book online at www.tht.org.

Cut-off date for room reservations is **July 2**. Conference registration refunds until **July 2** with written notice.**

PAYMENT MUST ACCOMPANY REGISTRATION FORM. (PLEASE PRINT)

Name _____

Nickname for badge _____

Guest name _____
(required ONLY if purchasing a Guest Ticket)

Title _____

Institution _____

Address _____

City/State/ZIP _____

Phone _____

Fax _____

Attendee Email _____
(confirmation will be sent to both emails)

HEALTHCARE GOVERNANCE CONFERENCE

FRIDAY-SATURDAY, JULY 19-20 (PLEASE CHECK ONE)

EARLY

REGULAR

(on or before June 1) (after June 1)

Member

- ☐ Full Conference \$335 \$370
☐ Friday Only \$215 \$265

Non-Member

- ☐ Full Conference \$415 \$450
☐ Friday Only \$300 \$340

- ☐ **Guest*** (all events Thurs.-Sat.) \$150 \$150

*The conference guest rate is strictly for attendee spouses allowing them access to meal functions during the conference such as breakfast, lunch and receptions. **This is not for trustees, hospital employees or vendors.**

The registration fee, less a 20 percent administrative charge, is refundable if notice of cancellation is received in writing by 5 p.m. on **June 21, 2019. No refunds will be issued for cancellations received after this date. **To cancel, send an email to registrar@tha.org or fax to 512/692-2653.** Conference events may be photographed or videotaped. Your registration will indicate your consent for the use of such photograph and/or videos for educational and/or promotional purposes.

Alternate Email _____
(confirmation will be sent to both emails)

Enclosed is my check payable to the Texas Healthcare Trustees for

\$ _____

or I authorize THT to charge my:

- ☐ MasterCard ☐ VISA ☐ American Express

Account # _____

Expiration date _____ CVV _____

Print name (as shown on card) _____

Signature _____
(must be signed to charge)

Billing address _____

ONLINE: www.tht.org

FAX: 512/692-2653

MAIL: Texas Healthcare Trustees
1108 Lavaca, Suite 700, Austin, TX 78701-2180

VENDOR ATTENDANCE

Vendor attendance is limited to those companies/firms participating as a sponsor for the respective events. Contact Jessica Hoeftling at jhoeftling@tha.org or Noelle Parsons at nparsons@tht.org for more information.

SPECIAL NEEDS

If you have special needs (physical, dietary or otherwise) that require accommodation please contact registrar@tha.org.

For more information, call 512/465-1057 or visit www.tht.org.