



## REGISTRATION FORM

### GOLF TOURNAMENT THURSDAY, JULY 18

☐ Individual Golfer - \$150

Golf Tournament questions?  
Jessica Hoeftling at [jhoeftling@tha.org](mailto:jhoeftling@tha.org).  
For more information visit [www.tht.org](http://www.tht.org).

To register for the 2019 Healthcare Governance Conference, visit  
[www.tht.org/hgc](http://www.tht.org/hgc).

### 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](http://www.tht.org).

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

\*\*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](mailto: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.

### 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)

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](http://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](mailto:jhoeftling@tha.org). or Noelle Parsons  
at [nparsons@tht.org](mailto: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](mailto:registrar@tha.org).

For more information, call 512/465-1057 or visit [www.tht.org](http://www.tht.org).