

ORDER FORM – THT Webinars

To order copies of the *THT Webinars*, fax or mail this form with payment to:

BY MAIL:

Texas Healthcare Trustees
P.O. Box 95353
Grapevine, TX 76099-9733

BY SECURE FAX:

512/692-2653

For more information, call: 512/465-1000

| Item | Quantity | Member Price | Non-Member Price | Total |
|---|----------|--------------|--------------------|-------|
| Healthcare Trustees' Responsibilities Related to Physician and Executive Compensation | | \$50 | \$75 | |
| Is your organization a member of THT? _____ Yes _____ No | | | Subtotal | |
| | | | Sales Tax (8.25%) | |
| | | | Grand Total | |

Please complete all the following information. Incomplete forms will not be processed. *Required fields

*Name: _____ *Title: _____

*Hospital/Firm: _____ *Department: _____

*Address: _____

*City, State, ZIP: _____

*Telephone: _____ Email: _____

PAYMENT

Payment must accompany order. If tax exempt, please fax a copy of the exemption certificate to THT at 512/692-2653.

To mail, send with payment to: Texas Healthcare Trustees, P.O. Box 95353, Grapevine, TX 76099-9733

Check: Make payable to Texas Healthcare Trustees

Credit Card:  MasterCard  VISA  American Express

Card No.: _____ CVV: _____ Exp. Date: _____

Name on Card: _____ Signature: _____
(must be signed to charge)

Cardholder Billing Address (if different from above): _____

City, State, ZIP: _____