



Texas Healthcare
Trustees

WEBINAR REGISTRATION FORM

New Board Orientation and Refresher

August 13, 2020 10:00 a.m. – 12:30 p.m. Central

REGISTRATION FEE:

	Member (charge per connection)	Member Group (5 or more connections)	Nonmember (Charge per connection)	Nonmember Group (5 or more connections)
August 13, 2020	<input type="checkbox"/> \$99	<input type="checkbox"/> \$299	<input type="checkbox"/> \$149	<input type="checkbox"/> \$399
			Total	\$ <input type="text"/>

You are allowed one connection/viewer per member registration. Additional line connections will be billed accordingly. If you would like to gather as a group, select the group rate for unlimited attendees/connections to the webinar. Simple instructions with a link to the webinar will be sent when you register and again the day before the webinar. 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 <input type="text"/> Title <input type="text"/> Department <input type="text"/> Organization <input type="text"/> Address <input type="text"/> City/State/ZIP <input type="text"/> Phone (area code) <input type="text"/> Fax (area code) <input type="text"/> Email <input type="text"/> (*IMPORTANT* All correspondence sent to this email)	<input type="checkbox"/> Enclosed is Check # <input type="text"/> payable to THT in the amount of \$ <input type="text"/> . (There will be a \$25 charge on all returned checks.) Or I authorize THA to charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx Account # <input type="text"/> Expiration Date <input type="text"/> CVV <input type="text"/> Name as Shown on Card <input type="text"/> Signature <input type="text"/> Billing Address <input type="text"/> City/State/ZIP <input type="text"/>
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ONLINE
www.tht.org

FAX
512/692-2653

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

REMIT BY ACH:
TEXAS HEALTHCARE TRUSTEES
ACCOUNT NO. 0101887742
ACH OR TRANSIT ROUTING #111900785

CANCELLATIONS AND SUBSTITUTIONS

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