

# WEBINAR REGISTRATION FORM

Best Effort Security

## DATE AND TIME:

Tuesday, April 19, 2022, Noon – 1:00 p.m. Central



Texas Healthcare  
Trustees

THA Family of Companies

## REGISTRATION FEE:

Member Group  
(Unlimited connections from  
your organization)

☐ \$99

Nonmember Group  
(Unlimited connections from  
your organization)

☐ \$129

Total \$ \_\_\_\_\_

*Please note that continuing education credit and proof of attendance is only provided to registered attendees. Simple instructions with a link to the program 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 \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone (area code) \_\_\_\_\_

Fax (area code) \_\_\_\_\_

Email \_\_\_\_\_

(\*IMPORTANT\* All correspondence sent to this email)

\_\_\_\_ Enclosed is Check # \_\_\_\_\_ payable to THT in the amount  
of \$ \_\_\_\_\_. (There will be a \$25 charge on all returned  
checks.)

OR I authorize THA to charge my credit card:

\_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ AmEx

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV \_\_\_\_\_

Name as Shown on Card \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

ONLINE

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

FAX

512/692-2653

MAIL

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

#### 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](mailto: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.