

THA Leadership Conference Registration Form

REGISTRATION INFORMATION

Registration price is based on date payment is received.

All attendees, including guests and spouses, must register.

Full registration packages include education and meals from the breakfast Feb. 17 through the awards luncheon Feb. 18. They do not, however, include the ACHE breakfast. Tickets to that event must be purchased separately.

***THT Health Care Policy Workshop** registration package includes all THT-hosted education sessions as well as the Town Hall Luncheon, THA Chairman's Reception and Awards Luncheon.

Vendor attendance is limited to those companies/firms participating in the Leadership Conference as a sponsor. Contact opportunities@tha.org for more information.

CONFERENCE VENUE

Renaissance Austin Hotel

9721 Arboretum Boulevard, Austin, Texas 78759

Phone: 512/343-2626, Fax: 512/346-7953

Reservations by Phone: 1-800/468-3571

For online hotel reservations please visit www.marriott.com/hotels/travel/aussh-renaissance-austin-hotel and enter group code "thathaa".

A limited number of rooms is available. Ask for the "THA" single/double room block rate of \$155 (plus taxes).

The cut-off date for room reservations is Jan. 25, 2010, subject to availability.

FURTHER INFORMATION

800/253-9403 ext. 1057 or registrar@tha.org

www.tha.org/conf2010

CONFIRMATION AND RECEIPT

Registrants will receive a written confirmation, via the e-mail address provided on the registration form. If you have not received your confirmation by Feb. 10, please contact the THA registrar at 800/252-9403 ext. 1057 or registrar@tha.org.

CANCELLATIONS AND SUBSTITUTIONS

Registrants unable to attend may designate an alternate. Please notify THA no less than five business days prior to the conference, if possible. Transfer from one THA 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 THA receives notice in writing by Feb. 10. (Send notification via e-mail to registrar@tha.org or fax to 512/692-2653.)

No refunds will be made for no-shows or cancellations made after Feb. 10. Refunds will be processed after the conference; please allow 4-6 weeks. THA reserves the right to cancel or reschedule programs as determined necessary. If a program is canceled, full registration refunds will be issued. THA is not responsible for nonrefundable airline tickets or other travel expenses.

Please include all information exactly as you wish it to appear on your name badge.

(Please print. Photocopies may be used.)

First Name _____

Last Name _____ Suffix/Credentials _____

Title _____

Hospital/Organization _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ Fax _____

E-mail (required) _____

Single event tickets for guests and spouses are available for many meal functions. Guest tickets cover meal function only and do not include conference education or general sessions. **Please contact 512/465-1057 for more information.**



REGISTRATION FEES

Full Registration Packages: Wednesday, Feb. 17- Thursday, Feb. 18, 2010

	On or Before 1/25	After 1/25	After 2/10
<input type="checkbox"/> Member Registration – Available to all THA-member hospitals and their staff.	\$325	\$375	\$425
<input type="checkbox"/> Multi-registrant Discount – Available for THA members that register by 1/25 only.	\$300	–	–
<input type="checkbox"/> Non-Member Registration	\$425	\$475	\$525
<input type="checkbox"/> *THT Health Care Policy Workshop – Available to trustees only.	\$275	\$325	\$375

Individual (not included in registration packages)

Thursday ACHE Breakfast _____ \$30

Grand Total \$ _____

METHOD OF PAYMENT

Enclosed is Check No. _____ in the amount of \$_____ made payable to Texas Hospital Association. (There will be a \$25 charge on all returned checks.)

I authorize THA to charge my credit card in the amount of \$_____ to: Visa MC AmEx

Cardholder's Name _____ Card Number _____ Exp. Date _____

Address card is billed to: Address _____ City _____ State _____ ZIP _____
(if different from above)

REGISTER IN ONE OF THREE WAYS

Online: go to www.tha.org

By fax: return this form with credit card payment to 512/692-2653

By mail: return this form with payment to THA, P.O. Box 970121, Dallas, TX 75397

SPECIAL NEEDS

Check here if you have special dietary needs. Special tickets will be given to those requesting specialized meals. No specialized meals will be served without a ticket.

Specify: _____

Check here if you require special accommodations to fully participate. Attach a written description of needs.

IMPORTANT DEADLINES

In order to be eligible for discounted pricing, payment must be received by the corresponding deadline.

Early registration deadline: **Jan. 25, 2010**

Sleeping room reservation deadline: **Jan. 25, 2010**

Late registration deadline: **Feb. 10, 2010**

Onsite registration is available, space permitting.