



TEXAS HEALTHCARE TRUSTEES

REGISTRATION FORM

2010 ANNUAL CONFERENCE
JW MARRIOTT SAN ANTONIO
HILL COUNTRY RESORT
JULY 29-31

PRE-CONFERENCE WORKSHOPS

JULY 29 PLEASE CHECK ONE

ADVANCED BOARD TRAINING

ORIENTATION AND REFRESHER

- THT/TORCH Member
- Non-Member
- Guest

EARLY/REGULAR/ON-SITE
 \$175/200/225
 \$225/250/275
 \$40

EARLY
(before July 2)

REGULAR
(July 5-21)

ON-SITE
(July 22-29)

ANNUAL CONFERENCE

JULY 30-31 PLEASE CHECK ONE

<input type="checkbox"/> THT/TORCH Member	EARLY/REGULAR/ON-SITE \$250/275/325
<input type="checkbox"/> Multiple-Registrant Discount*	\$225/250
<input type="checkbox"/> Non-Member	\$300/325/375
<input type="checkbox"/> One-Day	\$175/200
<input type="checkbox"/> Guest (All Events)	\$125

<input type="checkbox"/> Guest (Luncheon Only)	\$50	Not available online.
<input type="checkbox"/> Guest (Reception Only)	\$50	Must be faxed.

***Multiple-Registrant Discount** (for THT members only): First registrant pays early or regular price; all subsequent registrants from the same organization pay the discounted price. There is no discount for on-site registrants. A separate form must be submitted for each registrant. All registration forms with payment information must be submitted simultaneously.

Yes, we are registering multiple attendees. Our primary registrant is:

Name _____ Phone _____

PAYMENT MUST ACCOMPANY REGISTRATION FORM. (PLEASE PRINT)

Name _____

Nickname for badge _____

Spouse name _____
(required ONLY if purchasing a Spouse Ticket)

Title _____

Institution _____

Address _____

City/State/ZIP _____

Phone _____

Fax _____

E-mail _____
(confirmation will be sent via e-mail)

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 _____

Print name as shown on card _____

Signature _____
must be signed to charge

Billing address _____

City/State/ZIP _____

ONLINE
www.tht.org

FAX
512/692-2653

MAIL
P.O. Box 679010
Austin, TX 78767-9010

OVERNIGHT
1108 Lavaca, Suite 700
Austin, TX 78701

The registration fee, less a 20 percent administrative charge, is refundable if notice of cancellation is received in writing by 5 p.m. on July 22, 2010. No refunds will be issued for cancellations received after this date. To cancel, send an e-mail to registrar@tha.org or fax to 512/692-2653.

SPECIAL NEEDS

If you have special needs that require accommodation please contact Arlena Buck at 800/252-9403 or abuck@tha.org.

Accounting Use Only

Seminar #562 (Pre-Conference Workshops)
#563 (Annual Conference)

Check # _____ Amount \$ _____