



# Rural Health Trifecta:

*Collaborating to Make a Difference*

**August 5 - 7, 2008 • Hyatt Regency Austin**

An annual conference of the: Texas Rural Health Association  
Texas Hospital Association and its Rural Hospital Constituency Section  
Office of Rural Community Affairs' Critical Access Hospital  
In cooperation with the Texas Organization of Rural & Community Hospitals



**Full conference registration includes:**

- Workshops and plenary sessions throughout the conference
- All refreshment breaks
- Wednesday's Awards Luncheon
- TRHA 2008-2009 individual 12-month membership

**Fees:**

- \$225** ..... If received by July 25
- \$275** ..... If received after July 25 or on-site
- Yes, I want to cruise Tuesday evening (5:30 to 7:30 p.m.) on Lady Bird Lake.** (Tickets are free; limit one ticket per registrant. Because the cruise is limited to 140 passengers only, tickets will be reserved on a first-come, first served basis. Lucky registrants may pick up their ticket at the conference registration area.)

**Total Amount Due: \$** \_\_\_\_\_

**Return form in one of three ways:**

**Fax** form if paying by credit card to: 512/692-2653

**Mail form and check to:**  
Texas Hospital Association,  
P.O. Box 970121, Dallas,  
Texas 75397

**For overnight deliveries:**  
Please contact THA's Registrar at 800/252-9403, ext. 1057, for instructions.

Accounting Use Only
Seminar #: 01-00-1312-22-0109-462
Check # _____
Amount \$ _____

Please print/type information requested. Payment must accompany registration form.

Full Name and Credentials  
(RN, Ph.D., CHES, etc.): \_\_\_\_\_

First Name for Badge: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(confirmation will be sent via e-mail)

Enclosed is my check payable to THA in the amount of

\$ \_\_\_\_\_, or I authorize THA to charge my:

- MasterCard
- VISA
- American Express

in the amount of: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Print Name as  
Shown on Card: \_\_\_\_\_

Signature: \_\_\_\_\_  
(must be signed to charge)

Billing Address: \_\_\_\_\_  
(if different from left)

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_