

# ORDER FORM – THA DIRECTORY OF TEXAS HOSPITALS

## DIRECTORY AND MAILING LABELS

The 2012 *THA Directory of Texas Hospitals* and mailing labels are available in printed form.

Mailing list labels with key contact names and title are available in a three-column peel and stick format. **Mailing labels can be addressed to the following audiences:** CEO, CFO, COO, Materials Manager, Director of Nursing, Human Resources Manager or Facility Manager. For information on other title categories, please call 800/252-9403.

## TO ORDER

Fax or mail this form with payment to:

**By mail:** Texas Hospital Association, Dept. 1821,  
P.O. Box 2153, Birmingham, AL 35287-1821

**By secure fax:** 512/692-2653

### For more information:

Call toll-free: 800/252-9403, ext. 1057  
On the Web: [www.tha.org/manuals](http://www.tha.org/manuals)

ITEM	QUANTITY	MEMBER PRICE	NON-MEMBER PRICE	TOTAL
2012 <i>THA Directory of Texas Hospitals</i>		\$55	\$275	
2012 Category-specific Mailing Labels		\$50	\$500	
<b>Please indicate preferred addressee for mailing labels. See list above. (Example: CFO)</b>				
Specified preferred order for mailing labels:				Subtotal
<input type="checkbox"/> Hospital Name <input type="checkbox"/> City <input type="checkbox"/> ZIP Code				Sales Tax (8.25%)
Is your organization a member of THA? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Grand Total</b>

**Please complete all of the following information. Incomplete forms will not be processed.** \*Required fields

\*Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

\*Hospital/Firm: \_\_\_\_\_ \*Department: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, State, ZIP: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT

Payment must accompany order. If tax exempt, please fax a copy of the exemption certificate to THA at 512/692-2653. To mail, send with payment to Dept. 1821, Texas Hospital Association, P.O. Box 2153, Birmingham, AL 35287-1821

Check: Make payable to Texas Hospital Association     MasterCard     VISA     American Express

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
(must be signed to charge)

Cardholder Billing Address (if different from above): \_\_\_\_\_

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

## THA MAILING LABEL POLICIES AND DISCLAIMER

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  - The Texas Hospital Association's name or logo may not be used in materials or information mailed.
- Membership labels are for one-time use only. Additional use of THA membership information constitutes a violation of the rental policy.
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