

ORDER FORM



TEXAS HOSPITAL ASSOCIATION

New Health Care Laws: A Report on the 82nd Texas Legislature

This comprehensive reference guide is prepared by the Texas Hospital Association's Legal and Advocacy staff members. Because of their direct involvement in developing and passing legislation, THA's knowledgeable experts will help you understand the new laws and what they mean for your hospital.

PRODUCT

New Health Care Laws provides valuable information on all major health-related legislation passed by the 82nd Texas Legislature. Organized by subject, each section includes:

- Bill number, author and sponsor, and effective date;
- Analysis of each bill, with links to the enrolled on Texas Legislature Online; and
- An explanation of how the bill will affect hospitals. This section includes information about upcoming rulemaking, the agency involved and who within the hospital should be aware/involved.

Member price: **\$50** Non-Member price: **\$200**

Copies of **New Health Care Laws** may be purchased for \$50 each for THA members and \$200 for non-members, plus 8.25 percent sales tax, if applicable. A searchable CD-ROM is included with each book.

While all member hospital CEOs receive one copy as a benefit of membership, this is an important reference that you will want to share with hospital governing board members, medical staff leaders, administrative team and specific department heads, such as nursing and infection control.

ORDER FORM

PAYMENT MUST ACCOMPANY ORDER.

Order online! www.tha.org

Quantity

Price

Total

	Quantity	Price	Total
<i>New Health Care Laws (includes S&H) – Members</i>		\$ 50	\$
Non-members		\$200	\$

* **Tax-exempt organizations:** please include a copy of your certificate with this form.

Questions: please contact THA Service Center at 512/465-1057 or servicecenter@tha.org.

Subtotal \$ _____

Tax (8.25% if applicable)* \$ _____

GRAND TOTAL \$ _____

Accounting Use Only Codes: 4301-01-00-1312-23-0144-000

Check: _____ Amount: _____

SHIPPING INFORMATION/METHOD OF PAYMENT

If paying by credit card, fax form to: 512/692-2653
Mail form and check to: Texas Hospital Association,
Dept. 1821, P.O. Box 2153 Birmingham, AL 35287-1827

Please print clearly. All products will be delivered by U.S. mail.

Name _____ Title _____

Organization _____ Telephone Number _____

Shipping Address _____ City/State/ZIP _____

Email Address _____ Check Enclosed (payable to: THA) MasterCard VISA American Express
(must have on file)

Card Number _____ Expiration Date _____

Print Name Shown on Card _____ Signature Required _____
(must be signed to charge)

Billing Address _____ City/State/ZIP _____
(if different from above)