



THA 2021

ANNUAL CONFERENCE & EXPO

THE FUTURE OF TEXAS HEALTH CARE

FEBRUARY 16-19, 2021 • VIRTUAL CONFERENCE

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REGISTRATION FORM

CONCURRENT EVENTS

TUESDAY, FEB. 16

- Rural Health Care Workshop** **COST**
- Member/Non-Member Individual Registration \$75
(Single Attendee)
- Member/Non-Member Hospital Registration \$199
(Unlimited Attendees*)

FRIDAY, FEB. 19

- ACHE Face-to-Face Program**
- This option includes the ACHE Face-to-Face Events that are offered during the program. These are separately ticketed events and are not included in the registration package.
- Member/Non-Member Individual Registration \$75
(Single Attendee)
- Member/Non-Member Hospital Registration \$199
(Unlimited Attendees*)

ANNUAL CONFERENCE

WEDNESDAY - FRIDAY, FEB. 17-19

REGISTRATION FEE: (PLEASE CHECK ONE) **EARLY** **REGULAR**
On or before Dec. 18 After Dec. 18

Full Registration Packages: Wednesday-Friday, Feb. 17-19, 2021

- | | | |
|--|-------|--------|
| <input type="checkbox"/> Member Individual Registration
(Single Attendee) | \$399 | \$449 |
| <input type="checkbox"/> Non-Member Individual Registration
(Single Attendee) | \$449 | \$499 |
| <input type="checkbox"/> Member Hospital Registration
(Unlimited Attendees*) | \$899 | \$999 |
| <input type="checkbox"/> Non-Member Hospital Registration
(Unlimited Attendees*) | \$999 | \$1099 |

TO RECEIVE A 4% CASH DISCOUNT PAY BY CHECK OR ACH. \$ _____

Grand Total

\$ _____

Payment must accompany registration form.
Registration price is based on date payment is received.

* PLEASE NOTE

If you signed up at the **Hospital Registration** rate, you are allowed unlimited attendees from your hospital. This rate is **not applicable to unlimited attendees** across a hospital system. An **Individual Registration** price will register **one attendee** for the program. If you choose to register at the hospital rate, you are allowed unlimited attendees from your hospital.

Simple instructions on how to log in to the virtual conference will be sent closer to the conference date. The individual whose information is listed on the registration form at the hospital rate will receive instructions to share with the additional attendees at their hospital.

PAYMENT MUST ACCOMPANY REGISTRATION FORM. (Please Print)

Name _____

Suffix/Credentials _____

Title _____

Hospital/Organization _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Email (required) _____

Enclosed is Check # _____ in the amount of \$ _____ made payable to the Texas Hospital Association. (There will be a \$25 charge on all returned checks)

I authorize THA to charge my:

MasterCard VISA American Express

Cardholder's Name _____

Card Number _____

Exp Date _____ CVV _____

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

City _____ ST _____ Zip _____

Signature (must be signed to charge) _____

The registration fee, less a 20 percent administrative charge, is refundable if notice of cancellation is received in writing by 5 p.m. on January 31, 2021. No refunds will be issued for cancellations received after this date. To cancel, send an email to registrar@tha.org or fax to 512-692-2653. For additional information on cancellations or substitutions, visit www.tha.org/conference.

QUESTIONS? Call 512/465-1057 or email servicecenter@tha.org.

REGISTER IN ONE OF FOUR WAYS

- 1. Online:** www.tha.org/conference
- 2. By fax:** Return this form with credit card payment to 512/692-2653
- 3. By mail:** Return this form with payment to Texas Hospital Association, Attn: Robin Jackson, P.O. Box 95353, Grapevine, TX 76099-9733
- 4. Remit by ACH:** Texas Hospital Association, Account No. 0101887890 ACH or Transit Routing #111900785