



FEBRUARY 8-9, 2022

THA 2022 ANNUAL CONFERENCE AND EXPO

FEBRUARY 8-9, 2022

MARRIOTT MARQUIS HOUSTON

REGISTRATION FORM

PRE-CONFERENCE DAY

MONDAY, FEB. 7

Rural Health Care Workshop

REGISTRATION FEES	EARLY	REGULAR
	On or before Oct. 29	After Oct. 29
<input type="checkbox"/> Member	\$155	\$195
<input type="checkbox"/> Non-Member	\$207	\$245

ANNUAL CONFERENCE

TUESDAY - WEDNESDAY, FEB. 8-9

REGISTRATION FEE:

EARLY	REGULAR	LATE
On or before Oct. 29	Oct. 30 - Jan. 7	After Jan. 7

Full Registration Packages: Tuesday-Wednesday, Feb. 8-9, 2022

<input type="checkbox"/> Member Registration Registration includes all meal functions, no separate tickets needed (Tuesday ACHE Breakfast excluded)	\$600	\$670	\$740
<input type="checkbox"/> Non-Member Registration	\$700	\$770	\$840

INDIVIDUAL TICKETS:

<input type="checkbox"/> ACHE Breakfast Tuesday 7-8 a.m. (not included in registration package)			\$58
<input type="checkbox"/> ACHE Face-to-Face Education Program Tuesday 12:45-3:45 p.m. (not included in registration package)			\$155

Grand Total
\$ _____

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

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) _____

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

SPECIAL NEEDS?

Yes. Please indicate special accommodations (physical, dietary or otherwise) below or email registrar@tha.org.

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 7, 2022. 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.

PLEASE NOTE

By registering for and attending the THA 2022 Annual Conference and Expo, you agree to participate in all reasonable measures enacted as a precaution against the transmission of COVID-19. This may include a requirement to: wear a mask, maintain social distance of 6 ft from others, wash your hands, and any other requirement set forth by local, state, or federal authorities. You hereby agree and assent to regular temperature checks and self-assessments of COVID-19 symptoms, or any other reasonable preventative check carried out by or for THA. Your registration and attendance acknowledges your full and irrevocable acceptance of the risk of COVID-19 exposure or infection at the event, despite THA's efforts to combat transmission, and that such exposure or infection may result in personal injury, illness, disability, and/or death. You acknowledge that THA will carry out preventative measures to reduce the spread of Coronavirus/COVID-19. However, THA, or any other party, cannot guarantee that participants, volunteers, partners, or others in attendance will not contract or otherwise become infected with COVID-19.

REGISTER IN ONE OF FOUR WAYS:

Online: www.tha.org/conference

By fax: Return this form with credit card payment to 512/692-2653

By mail: Return this form with payment to:
Texas Hospital Association,
Attn: Robin Jackson, P.O. Box
95353, Grapevine, TX 76099-9733

Remit by ACH:
Texas Hospital Association
Account No. 0101887890
ACH or Transit Routing #111900785