



FEBRUARY 8-9, 2022 • VIRTUAL SESSIONS

**PRE-CONFERENCE DAY**

**MONDAY, FEB. 7**

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

**ANNUAL CONFERENCE**

**TUESDAY-WEDNESDAY, FEB. 8-9, 2022**

**REGISTRATION FEE:**

	<b>EARLY</b>	<b>REGULAR</b>
	On or before	After
	Oct. 29	Oct. 29

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

- |  |         |         |
|--|---------|---------|
| <input type="checkbox"/> <b>Member Individual Registration</b><br>(Single Attendee)        | \$345   | \$375   |
| <input type="checkbox"/> <b>Non-Member Individual Registration</b><br>(Single Attendee)    | \$445   | \$475   |
| <input type="checkbox"/> <b>Member Hospital Registration</b><br>(Unlimited Attendees*)     | \$1,499 | \$1,725 |
| <input type="checkbox"/> <b>Non-Member Hospital Registration</b><br>(Unlimited Attendees*) | \$1,999 | \$2,225 |

**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.

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.

**REGISTER IN ONE OF FOUR WAYS**

1. **Online:** [www.tha.org/conference](http://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

**THA 2022 ANNUAL CONFERENCE AND EXPO**

FEBRUARY 8-9, 2022  
VIRTUAL CONFERENCE

**REGISTRATION FORM**

**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 7, 2022. No refunds will be issued for cancellations received after this date. To cancel, send an email to [registrar@tha.org](mailto:registrar@tha.org) or fax to 512-692-2653. For additional information on cancellations or substitutions, visit [www.tha.org/conference](http://www.tha.org/conference).

**QUESTIONS?** Call 512/465-1057 or email [servicecenter@tha.org](mailto:servicecenter@tha.org).