WEBINAR REGISTRATION FORM

Texas Hospital Association Foundation

CMS Hospital Conditions of Participation Made Easy 2021

FIVE-PART SERIES

April 7 Noon-2 p.m. Central
April 14 Noon-2 p.m. Central
April 21 Noon-2 p.m. Central
April 28 Noon-2 p.m. Central
May 5 Noon-2 p.m. Central

REGISTRATION FEE:

	Member		Non-member	
Part 1, April 7	☐	$149	☐	$179
Part 2, April 14	☐	$149	☐	$179
Part 3, April 21	☐	$149	☐	$179
Part 4, April 28	☐	$149	☐	$179
Part 3, May 5	☐	$149	☐	$179

CANCELLATIONS AND SUBSTITUTIONS

Registrants unable to attend may allow an alternate to connect. Transfer from one THA education program to another is not permitted, and no financial credit will be granted. If a registrant cancels, the registration fee, less a 20 percent service charge, is refundable only if THA receives notice in writing no less than five business days prior to the program. (Send notification via e-mail to registrar@tha.org or fax to 512/692-2653). Refunds will be issued only after the program runs and it is verified that the registrant did not access the program.

Subtotal $_____

Total $_____

Registration includes unlimited connections per registered facility. We want to ensure that our education is accessible to everyone, please contact us if you have any questions at servicecenter@tha.org or 512/465-1057. A recording of this program is also included in the cost of registration.

REGISTRANT INFORMATION – Please include all information requested.

Please Print. **Payment must accompany registration form.**

Name _____
Title _____
Department _____
Organization _____
Address _____
City/State/ZIP _____
Phone (area code) _____
Fax (area code) _____
Email _____

(*IMPORTANT* All correspondence sent to this email)

☐ Enclosed is my check payable to THA in the amount of $_____. (*There will be a $25 charge on all returned checks.*)

Or I authorize THA to charge my credit card:
☐ Visa ☐ MC ☐ AmEx

Account # _____
Expiration Date _____ CVV_____
Name as Shown on Card _____
Signature _____
Billing Address _____
City/State/ZIP _____

ONLINE
www.tha.org
FAX
512/692-2653

MAIL
Texas Hospital Association
P.O. Box 95353
Grapevine, TX 76099-9733

REMIT PAYMENT BY ACH
Texas Hospital Association
Account No. 0101887890
ACH or Transit Routing #111900785

OVERNIGHT
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