



# WEBINAR REGISTRATION FORM

## Update on Ligature Risks, Suicide Prevention Restraints and Seclusion

**DATE AND TIME:**

March 24 Noon-2:00 p.m. Central

**REGISTRATION FEE:**

	<b>Member</b>		<b>Non-member</b>
March 24	<input type="checkbox"/> \$149		<input type="checkbox"/> \$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](mailto: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.

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](mailto: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 \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_

(\*IMPORTANT\* All correspondence sent to this email)

**ONLINE**  
[www.tha.org](http://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**  
 1108 Lavaca, Suite 700  
 Austin, TX 78701-2108