



THA 2023

Annual Conference and Expo

FEBRUARY 14-15

**THA 2023 ANNUAL
CONFERENCE AND EXPO**
FEBRUARY 14-15, 2023
HILTON AUSTIN HOTEL

REGISTRATION FORM

ANNUAL CONFERENCE

NOON TUESDAY-1:30 P.M. WEDNESDAY

REGISTRATION FEE:

	EARLY On or before Oct. 28	REGULAR Oct. 29 - Jan. 23	LATE After Jan. 23
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Full Registration Packages: Tuesday-Wednesday, February 14-15, 2023

<input type="checkbox"/> Member Registration <small>Registration includes all meal functions, no separate tickets needed (Tuesday ACHE Breakfast, F2F Sessions, Rural Workshop excluded)</small>	\$600	\$675	\$740
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<input type="checkbox"/> Non-Member Registration	\$675	\$750	\$815
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ADD ON WORKSHOPS:

Not included in registration package

<input type="checkbox"/> ACHE Face to Face Only Tuesday 8-11:30 a.m.	\$155	\$175	\$175
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<input type="checkbox"/> Rural Health Care Workshop Tuesday 8-11:30 a.m.			
Member:	\$155	\$175	\$195
Non-Member:	\$199	\$249	\$275

INDIVIDUAL TICKETS:

Not included in registration package

<input type="checkbox"/> ACHE Breakfast Tuesday 7-8 a.m.	\$65	\$65	\$65
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<input type="checkbox"/> Awards Luncheon Guest Tuesday Noon-1:30 p.m.	\$75	\$75	\$75
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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 23, 2023**. 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 2023 Annual Conference and Expo, you agree to take reasonable measures and precautions against the transmission of communicable diseases, such as COVID-19. These measures may be required by local, state, or federal authorities, or by the host facilities, and may include requirements to wear a mask, maintain social distancing, wash your hands, etc. You hereby agree and assent to any measures or preventative check carried out by or for THA, as necessary and considering the risk at the time of the event. Your registration and attendance acknowledges your full and irrevocable acceptance of the inherent and unavoidable risk of exposure or infection at the event, and that such exposure to or infection of a communicable disease may result in personal injury, illness, disability, and/or death. THA, or any other party, cannot guarantee that participants, volunteers, partners, or others in attendance will not contract or otherwise become infected with any communicable disease, including COVID-19.

ATTENTION: NEW REMITTANCE INFO:

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
2756, San Antonio, TX 78299**

Remit by ACH:

Texas Hospital Association
Account No. 592313707
ACH or Transit Routing
#114000093