



2024 THA ANNUAL CONFERENCE

FEBRUARY 15-16, 2024

2024 THA ANNUAL CONFERENCE FEBRUARY 15-16, 2024 - HYATT REGENCY DALLAS

REGISTRATION FORM

ANNUAL CONFERENCE: 8 A.M. THURSDAY - 11 A.M. FRIDAY

| REGISTRATION FEE: | EARLY On or before Oct. 27 | REGULAR Oct. 28 - Jan. 19 | LATE After Jan. 19 |
|-------------------|----------------------------------|---------------------------------|--------------------------|
|-------------------|----------------------------------|---------------------------------|--------------------------|

Full Registration Packages: Thursday-Friday, February 15-16, 2024

| | | | |
|---|-------|-------|-------|
| <input type="checkbox"/> Member Registration This includes access to the Awards Luncheon on Thursday | \$675 | \$750 | \$825 |
|---|-------|-------|-------|

| | | | |
|---|-------|-------|--------|
| <input type="checkbox"/> Non-Member Registration | \$825 | \$950 | \$1025 |
|---|-------|-------|--------|

ADD-ON WORKSHOPS:

Not included in registration package

| | | | |
|--|-------|-------|-------|
| <input type="checkbox"/> ACHE Face-to-Face Thursday 8-11:30 a.m. | \$175 | \$175 | \$175 |
|--|-------|-------|-------|

| | | | |
|---|-------|-------|-------|
| <input type="checkbox"/> Rural Health Care Workshop Thursday 8-11:30 a.m. | | | |
| Member: | \$175 | \$175 | \$175 |
| Non-Member: | \$225 | \$225 | \$225 |

| | | | |
|---|-------|-------|-------|
| <input type="checkbox"/> Cybersecurity Workshop Wednesday 1-4p.m. | | | |
| Member: | \$175 | \$175 | \$175 |
| Non-Member: | \$225 | \$225 | \$225 |

INDIVIDUAL TICKETS:

Not included in registration package

| | | | |
|---|------|------|------|
| <input type="checkbox"/> ACHE Breakfast Thursday 7-8 a.m. | \$75 | \$75 | \$75 |
|---|------|------|------|

| | | | |
|---|------|------|------|
| <input type="checkbox"/> Awards Luncheon Guest Thursday 11:45 a.m.-1 p.m. | \$75 | \$75 | \$75 |
|---|------|------|------|

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.

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

The registration fee, less a 20 percent administrative charge, is refundable if notice of cancellation is received in writing by **5 p.m. CST on January 19, 2024**. 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.