

WEBINAR REGISTRATION FORM

CMS Hospital	Condit	ions of	f Particip	ation	
FIVE-PART SERIES March 20 Noon-2 p.m. March 27 Noon-2 p.m. C April 3 Noon-2 p.m. C April 10 Noon-2 p.m. C April 17 Noon-2 p.m. C	i. Central Tentral Central				
REGISTRATION FEE:					
	Member		Non-m	ember	
Part 1, March 20		\$175		\$225	
Part 2, March 27		\$175		\$225	
Part 3, April 3		\$175		\$225	
Part 4, April 10		\$175		\$225	
Part 5, April 17		\$175		\$225	
3,7 4,7 17		+ 1/3		73	Subtotal \$
					Total \$
	ct us if you	have any qu			e want to ensure that our education is accessible to r@tha.org or 512/465-1057. A recording of this program
REGISTRANT INFORMATION - Please include all information requested.					
Please Print. P	ayment mu	ıst accomp	any registratio	on form.	
Name					Enclosed is Check # payable to THA in the amount of
Title					\$ (There will be a \$25 charge on all returned checks.)
Department					Or I authorize THA to charge my credit card:
Organization					☐ Visa ☐ MC ☐ AmEx
Address					Account #
City/State/ZIP					Expiration Date
Phone (area code)					cvv
Fax (area code)					Name as Shown on Card
Email					Signature
(*IMPORTANT* All correspondence sent to this email)					Billing Address
					City/State/ZIP

ONLINE www.tha.org MAIL

Texas Hospital Association P.O. Box 2756 San Antonio, TX 78299

REMIT PAYMENT BY ACH

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

FAX 512/692-2653

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.