



WEBINAR REGISTRATION FORM

Patient Rights

TWO-PART SERIES

June 26 | Noon-2 p.m. Central

July 10 | Noon-2 p.m. Central

REGISTRATION FEE:

	Member		Non-member
Part 1, June 26	<input type="checkbox"/>	\$175	<input type="checkbox"/> \$225
Part 2, July 10	<input type="checkbox"/>	\$175	<input type="checkbox"/> \$225

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 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

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.