



# 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:**

	<b>EARLY</b> On or before Oct. 27	<b>REGULAR</b> Oct. 28 - Jan. 26	<b>LATE</b> After Jan. 26
<input type="checkbox"/> <b>Member Registration</b> This includes access to the Awards Luncheon on Thursday	\$675	\$750	\$825
<input type="checkbox"/> <b>Non-Member Registration</b>	\$825	\$950	\$1025

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

☐ **Member Registration** \$675 \$750 \$825

This includes access to the  
Awards Luncheon on Thursday

☐ **Non-Member Registration** \$825 \$950 \$1025

**ADD-ON WORKSHOPS:**

*Not included in registration package*

☐ **ACHE Face-to-Face** \$175 \$175 \$175

Thursday 8-11:30 a.m.

☐ **Rural Health Care Workshop**

Thursday 8-11:30 a.m.

Member: \$175 \$175 \$175

Non-Member: \$225 \$225 \$225

☐ **Cybersecurity Workshop**

Wednesday 1-4p.m.

Member: \$175 \$175 \$175

Non-Member: \$225 \$225 \$225

**INDIVIDUAL TICKETS:**

*Not included in registration package*

☐ **ACHE Breakfast** \$75 \$75 \$75

Thursday 7-8 a.m.

☐ **Awards Luncheon Guest** \$75 \$75 \$75

Thursday 11:45 a.m.-1 p.m.

**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](mailto:servicecenter@tha.org).

**SPECIAL NEEDS?**

☐ Yes. Please indicate special accommodations (physical, dietary or otherwise) below or email [registrar@tha.org](mailto:registrar@tha.org).

**ATTENTION: NEW REMITTENCE INFO:**

**Online:** [www.tha.org/conference](http://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](mailto:registrar@tha.org) or fax to 512-692-2653. For additional information on cancellations or substitutions, visit [www.tha.org/conference](http://www.tha.org/conference).