

2024 THA **ANNUAL CONFERENCE**

FEBRUARY 15-16, 2024

OPTIONAL ADD-ON:

VIRTUAL WORKSHOP

Thursday

	EARLY On or before Oct. 27	REGULAR Oct. 28 - Jan. 26	LATE After Jan. 26
Rural Health Care Workshop			
<input type="checkbox"/> Member Individual Registration (Single Attendee)	\$150	\$150	\$150
<input type="checkbox"/> Non-Member Individual Registration	\$225	\$225	\$225
<input type="checkbox"/> Member Hospital Registration (Unlimited Attendees*)	\$350	\$350	\$350
<input type="checkbox"/> Non-Member Hospital Registration (Unlimited Attendees*)	\$425	\$425	\$425

ANNUAL CONFERENCE

THURSDAY-FRIDAY, FEBRUARY 15-16

REGISTRATION FEE:

	EARLY On or before Oct. 27	REGULAR Oct. 28 - Jan. 26	LATE After Jan. 26
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Full Registration Packages: Thursday-Friday, Feb. 15-16, 2024

<input type="checkbox"/> Member Individual Registration (Single Attendee)	\$500	\$575	\$650
<input type="checkbox"/> Non-Member Individual Registration (Single Attendee)	\$650	\$725	\$800
<input type="checkbox"/> Member Hospital Registration (Unlimited Attendees*)	\$1750	\$1999	\$2499
<input type="checkbox"/> Non-Member Hospital Registration (Unlimited Attendees*)	\$1999	\$2499	\$2999

Grand Total

\$ _____

Payment must accompany registration form.
Registration price is based on date payment is received.

* PLEASE NOTE

If you signed up at the **Hospital Registration** rate, you are allowed unlimited attendees from your hospital. This rate is **not applicable to unlimited attendees across a hospital system**. An **Individual Registration** price will register **one attendee** for the program.

Simple instructions on how to log in to the virtual conference will be sent closer to the conference date. The individual whose information is listed on the registration form at the hospital rate will receive instructions to share with the additional attendees at their hospital.

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

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

VIRTUAL REGISTRATION FORM

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) _____

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**.

QUESTIONS? Call 512/465-1057 or email **servicecenter@tha.org**.