



MARCH 21-22, 2022

# THA 2022 ANNUAL CONFERENCE AND EXPO

MARCH 21-22, 2022

MARRIOTT MARQUIS HOUSTON

## REGISTRATION FORM

### RURAL HEALTH CARE WORKSHOP

MONDAY, MARCH 21

REGISTRATION FEES	EARLY	REGULAR
	On or before Feb. 25	After Feb. 25
<input type="checkbox"/> Member	\$149	\$189
<input type="checkbox"/> Non-Member	\$199	\$239

### ANNUAL CONFERENCE

MONDAY - TUESDAY, MARCH 21-22

REGISTRATION FEE:	EARLY	REGULAR
	On or before Feb. 25	After Feb. 25

Full Registration Packages: Tuesday-Wednesday, March 21-22, 2022

<input type="checkbox"/> <b>Member Registration</b> Registration includes all meal functions, no separate tickets needed	\$475	\$550
<input type="checkbox"/> <b>Non-Member Registration</b>	\$550	\$615

#### INDIVIDUAL TICKETS:

<input type="checkbox"/> <b>Award Dinner - Guest</b>	\$58
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\*Note, the price to attend the Award Dinner is included in the price of conference registration

**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).

The registration fee, less a 20 percent administrative charge, is refundable if notice of cancellation is received in writing by 5 p.m. on March 7, 2022. 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).

#### PLEASE NOTE

By registering for and attending the THA 2022 Annual Conference and Expo, you agree to participate in all reasonable measures enacted as a precaution against the transmission of COVID-19. This may include a requirement to: wear a mask, maintain social distance of 6 ft from others, wash your hands, and any other requirement set forth by local, state, or federal authorities. You hereby agree and assent to regular temperature checks and self-assessments of COVID-19 symptoms, or any other reasonable preventative check carried out by or for THA. Your registration and attendance acknowledges your full and irrevocable acceptance of the risk of COVID-19 exposure or infection at the event, despite THA's efforts to combat transmission, and that such exposure or infection may result in personal injury, illness, disability, and/or death. You acknowledge that THA will carry out preventative measures to reduce the spread of Coronavirus/COVID-19. However, THA, or any other party, cannot guarantee that participants, volunteers, partners, or others in attendance will not contract or otherwise become infected with COVID-19.

#### REGISTER IN ONE OF FOUR WAYS:

##### 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 95353, Grapevine, TX 76099-9733**

##### Remit by ACH:

Texas Hospital Association  
Account No. 0101887890  
ACH or Transit Routing  
#111900785