WEBINAR REGISTRATION FORM



Compliance Update for Hospital Trustees

DATE AND TIME:

Wednesday, December 4, 2024, Noon - 1:00 p.m. Central

Member Group

(Unlimited connections from

your organization)

\$125

REGISTRATION FEE:

Total

Total	Ψ					
instructions wit	th a link to the progr	•		I to registered attendees. Simple By before the webinar. A recording of		
	RE	GISTRANT INFORMA	ATION – Please include all info	rmation requested.		
Please	Print. Payment mus	t accompany registra	ation form.			
Name			🗆 Enclosed	is Check # payable to THT in the		
Title			amount of \$	amount of \$ <i>(There will be a \$25 charge on</i>		
Department			all returned	all returned checks.) OR I authorize THA to charge my credit card:		
Organization						
Address			Account #	Account #		
City/State/ZIP			Expiration D	Expiration Date/ CVV		
Phone (area code)			Name as Sh	Name as Shown on Card		
Fax (area code)			Cianatura	Cianatura		
*Email			Dilling Adds	Dilling Address		
IMPORTANT All correspondence will be sent to this email				City/State/ZIP		
	ONLINE www.tht.org	FAX 512/692-2653	MAIL Texas Healthcare Trustees P.O. Box 2756 San Antonio, TX 78299	PAYMENT BY ACH Texas Healthcare Trustees Account number: 592313723 ABA/Routing number: 114000093		

Non-member Group

(Unlimited connections from

your organization)

\$175

CANCELLATIONS AND SUBSTITUTIONS

Registrants unable to attend may allow an alternate to connect. Transfer from one THT 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 THT 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.