Texas Healthcare Trustees

HGC 2025 — LET'S TALK ABOUT HEALTH CARE

PRE-CONFERENCE WORKSHOPS (BOTH WORKSHOPS ARE 1/2 DAY SESSIONS)

THE PRICING BELOW REFLECTS THE REGISTRATION COST OF EACH WORKSHOP. THE COMBO DISCOUNT IS AUTOMATICALLY APPLIED AT ONLINE CHECKOUT.

THURSDAY, JUNE 12

☐ Orientation and Refresher (8:30 a.m. - 12:00 p.m.)   ☐ Advanced Board Strategies (1:00 - 5:00 p.m.)

MEMBER	EARLY (on or before March 7)	REGULAR (March 8 - May 9)	LATE (after May 9)
☐ In-Person	$230	$265	$300
☐ Individual Virtual	$230	$265	$300
☐ Group Virtual*	$495	$545	$595
☐ Combo Pricing	$410	$480	$550

NON-MEMBER	EARLY (on or before March 7)	REGULAR (March 8 - May 9)	LATE (after May 9)
☐ In-Person	$315	$355	$400
☐ Individual Virtual	$315	$355	$400
☐ Group Virtual*	$675	$725	$795

GOLF TOURNAMENT

☐ Individual Golfer** - $175

Golf Tournament questions? Vicki Dale at **vdale@tha.org.** For more information visit **www.tht.org**

*Virtual Group registration. Pricing allows for up to 20 individual connections per hospital. Pre-conference workshops, keynote sessions and select breakout sessions will be available to virtual attendees.
**Golf Weather Cancellation. THT follows the cancellation policy of the host golf course. If the course is open, participants are expected to play. An event may be delayed or suspended due to inclement weather. If canceled on the day of, prior to start of the tournament, players will receive a 50% refund. If canceled part way through play, participants will not receive a refund.

Loews Hotel Arlington and Convention Center
888 Nolan Ryan Expy, Arlington TX, 76011 | 725-201-7415

Do not call the hotel direct. THT works with a third-party organization, *Connections Housing*, to manage hotel reservations. Please use the phone number listed above.

VENDOR ATTENDANCE

Vendor attendance is limited to those companies/firms participating as a sponsor for the respective events. Contact Vicki Dale at **vdale@tha.org** for more information.

SPECIAL NEEDS

If you have special needs (physical, dietary or otherwise) that require accommodation please contact **registrar@tha.org.** For more information, call **512/465-1057** or visit **www.tht.org**.

HEALTHCARE GOVERNANCE CONFERENCE (IN-PERSON)

FRIDAY-SATURDAY, JUNE 13-14 (PLEASE CHECK ONE)

	EARLY (on or before March 7)	REGULAR (March 8 - May 9)	LATE (after May 9)
Member			
☐ Full Conference	$465	$515	$560
Non-Member			
☐ Full Conference	$550	$585	$620
Guest			
☐ Full Conference	$150	$150	$150
Friday Only			
☐ Member	$250	$310	$375
☐ Non-Member	$250	$310	$375

HEALTHCARE GOVERNANCE CONFERENCE (VIRTUAL ATTENDANCE*)

Member	EARLY (on or before March 7)	REGULAR (March 8 - May 9)	LATE (after May 9)
☐ Individual Virtual	$465	$515	$560
☐ Group Virtual*	$650	$685	$725

Non-Member	EARLY (on or before March 7)	REGULAR (March 8 - May 9)	LATE (after May 9)
☐ Individual Virtual	$550	$585	$620
☐ Group Virtual*	$750	$795	$825

The registration fee, less a 20 percent administrative charge, is refundable if notice of cancellation is received in writing by 5 p.m. on **May 27, 2025. No refunds will be issued for cancellations received after this date. **Should the conference be canceled, there will be a 100% refund of registration price. To cancel, send an email to registrar@tha.org or fax to 512/692-2653.** Conference events may be photographed or videotaped. Your registration will indicate your consent for the use of such photograph and/or videos for educational and/or promotional purposes.

ATTENDEE INFORMATION MUST BE FILLED OUT FOR ADMITTANCE

Name _____

Nickname for badge _____

Title _____

Institution _____

Address _____

City/State/ZIP _____

Phone _____

Fax _____

Attendee Email _____
(confirmation will be sent to both emails)

Alternate Email _____

☐ **If payable by ACH, Remit payment by ACH to:**
Texas Hospital Association
Account Number: 592313707
ABA/Routing Number: 114000093

☐ **If paying by check, send payment and registration form to:**
Texas Hospital Association
PO Box 2756
San Antonio, TX 78299

☐ **If paying by credit card, please provide the email address for the individual who should receive the secure payment link.**
Email Address: _____