



# 2024 HEALTHCARE GOVERNANCE CONFERENCE JULY 25-27 | Grand Hyatt San Antonio Riverwalk REGISTRATION FORM

THURSDAY, JULY 25 (F Orientation and Refre (8:30 a.m 12:00 p.m.)	esher 🗆 Adv	vanced Board Str - 5:00 p.m.)	ategies
	EARLY	REGULAR	LATE
MEMBER	(on or before May 17)		(after June 21)
<ul><li>☐ In-Person</li><li>☐ Individual Virtual</li></ul>	\$195 \$175	\$225 \$200	\$255 \$225
☐ Group Virtual*	\$325	\$365	\$380
	EARLY	REGULAR	LATE
NON-MEMBER	(on or before May 17)	(May 18 - June 21)	(after June 21)
☐ In-Person	\$265	\$295	\$340
☐ Individual Virtual	\$200	\$230	\$260
☐ Group Virtual*	\$385	\$425	\$450
GOLF TOURNAMENT  Individual Golfer - \$1:	Golf Tournament questions? Vicki Dale at <b>vdale@tha.org.</b>		

# Grand Hyatt San Antonio Riverwalk 600 E Market St, San Antonio, TX 78205 | 725-201-7415

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

\*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.

# **HEALTHCARE GOVERNANCE CONFERENCE (IN-PERSON)**

FRIDAY-SATURDAY, JULY 26-27 (PLEASE CHECK ONE)

<b>Member</b> ☐ Full Conference	<b>EARLY</b> (on or before May 17) \$395	<b>REGULAR</b> (May 18 - June 21) \$435	<b>LATE</b> (after June 21) \$475
Non-Member			
☐ Full Conference	\$465	\$495	\$525
Guest			
☐ Full Conference	\$110	\$110	\$110

HEALTHCARE GOVERNANCE CONFERENCE (VIRTUAL ATTENDANCE*				
Member	<b>EARLY</b> (on or before May 17)	<b>REGULAR</b> (May 18 - June 21)	<b>LATE</b> (after June 21)	
☐ Individual Virtual ☐ Group Virtual*	\$375 \$545	\$415 \$585	\$450 \$600	
Non-Member	<b>EARLY</b> (on or before May 17)	<b>REGULAR</b> (May 18 - June 21)	<b>LATE</b> (after June 21)	
☐ Individual Virtual ☐ Group Virtual*	\$395 \$585	\$445 \$615	\$475 \$650	

# ATTENDEE INFORMATION MUST BE FILLED OUT FOR ADMITTANCE

Name	Alternate Email
Nickname for badge	_ Enclosed is my check payable to the Texas Healthcare Trustees for
Title	_ \$
Institution	_ or I authorize THT to charge my:
Address	☐ MasterCard ☐ VISA ☐ American Express
City/State/ZIP	Account #
Phone	Expiration dateCVV
Fax	Print name (as shown on card)
Attendee Email	Signature
(confirmation will be sent to both emails)	Billing address

**ONLINE: www.tht.org** 

FAX: 512-692-2653

MAIL: Texas Healthcare Trustees P.O. Box 2756, San Antonio, TX 78299

### **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 <a href="mailto:registrar@tha.org">registrar@tha.org</a>. For more information, call <a href="mailto:512/465-1057">512/465-1057</a> or visit <a href="mailto:www.tht.org">www.tht.org</a>.

\*\*The registration fee, less a 20 percent administrative charge, is refundable if notice of cancellation is received in writing by 5 p.m. on **June 9, 2024.** 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 registrat@** 

**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.