## WEBINAR REGISTRATION FORM



**Non-member Group** 

(Unlimited connections from

your organization)

Thursday, June 6, 2024, Noon – 1:00 p.m. Central

**Member Group** 

(Unlimited connections from

your organization)

КŁ	GI	ST	RÆ	۸TI	O	N	F	Εŀ	=:

		\$125	\$175				
Total	\$						
instructions with	a link to the progr		of attendance is only provided to registered attendees. Simple In you register and again the day before the webinar. A recording of				
	RE	GISTRANT INFORMA	ATION – Please include all information requested.				
Please I	Print. <b>Payment mu</b>	st accompany registra	ration form.				
Name							
Title			amount of \$ (There will be a \$25 charge or				
Department			<ul><li>all returned checks.)</li><li>OR I authorize THA to charge my credit card:</li></ul>				
Organization			<b>5</b> ,				
Address		<del></del>	Account #				
			5 ' 1' D 1 / 0\0/				
Phone (area c	code)						
Fax (area code)			Name as Shown on Card				
*Email			Signature				
*IMPORTANT* All correspondence will be sent to this email			Billing Address				
			City/State/ZIP				
	ONLINE www.tht.org	FAX 512/692-2653	MAIL PAYMENT BY ACH Texas Healthcare Trustees P.O. Box 2756 San Antonio, TX 78299 ABA/Routing number:				

## **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

114000093

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). ill be issued only after the program runs and it is verified that the registrant did not access the program.	Refunds