

# WEBINAR REGISTRATION FORM



Texas Healthcare  
Trustees  
THA Family of Companies

## Physician Credentialing: How-To and Common Mistakes

### DATE AND TIME:

Thursday, September 18, 2024, Noon – 1:00 p.m. Central

### REGISTRATION FEE:

**Member Group**  
(Unlimited connections from  
your organization)

\$125

**Non-member Group**  
(Unlimited connections from  
your organization)

\$175

**Total** \$ \_\_\_\_\_

Please note that continuing education credit and proof of attendance is only provided to registered attendees. Simple instructions with a link to the program will be sent when you register and again the day before the webinar. A recording of this program is also included in the cost of registration.

### REGISTRANT INFORMATION – Please include all information requested.

Please Print. **Payment must accompany registration form.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone (area code) \_\_\_\_\_

Fax (area code) \_\_\_\_\_

\*Email \_\_\_\_\_

\*IMPORTANT\* All correspondence will be sent to this email

Enclosed is Check # \_\_\_\_\_ payable to THT in the amount of \$ \_\_\_\_\_. (There will be a \$25 charge on all returned checks.)

OR I authorize THA to charge my credit card:

Visa  MC  AmEx

Account # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ CVV

\_\_\_\_\_

Name as Shown on Card \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

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

### 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.