

## REGISTRATION FORM

### REGISTRATION OPTIONS:

#### PLEASE SELECT ONE

#### **IN-PERSON**

#### **MEMBER/NON-MEMBER**

#### **EARLY**

(on or before March 7)

☐ **\$150**

#### **REGULAR**

(After March 7)

☐ **\$178**

**Please Print. ATTENDEE INFORMATION MUST BE FILLED OUT FOR ADMITTANCE.** Registration price is based on date payment is received.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

(\*IMPORTANT\* All correspondence sent to this email)

Dietary Restrictions:

\_\_\_\_\_

☐ 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: \_\_\_\_\_

#### **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 is limited to those companies/firms participating as a sponsor for the respective events. Contact Vicki Dale at [vdale@tha.org](mailto:vdale@tha.org) for more information.

#### **CANCELLATIONS AND SUBSTITUTIONS**

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](mailto: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.

#### **SPECIAL NEEDS**

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