

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 4 (PLEASE CHECK ONE)

- ☐ 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 6)	REGULAR (March 7 - May 15)	LATE (after May 15)
<input type="checkbox"/> In-Person	\$230	\$265	\$300
<input type="checkbox"/> Individual Virtual	\$200	\$225	\$250
<input type="checkbox"/> Group Virtual*	\$500	\$575	\$625
<input type="checkbox"/> Combo Pricing - In-Person	\$410	\$480	\$550

NON-MEMBER	EARLY (on or before March 6)	REGULAR (March 7 - May 15)	LATE (after May 15)
<input type="checkbox"/> In-Person	\$315	\$355	\$400
<input type="checkbox"/> Individual Virtual	\$315	\$355	\$400
<input type="checkbox"/> Group Virtual*	\$675	\$750	\$800

- GOLF TOURNAMENT** Golf Tournament questions?
Chris Felton at cfelton@tha.org.
☐ Individual Golfer** - \$175 For more information visit www.tht.org

*Virtual Group registration. Pricing allows for up to 15 individual connections per hospital. Preconference 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.

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.

VENDOR ATTENDANCE

Vendor attendance is limited to those companies/firms participating as a sponsor for the respective events. Contact Chris Felton at cfelton@tha.org for more information.

HEALTHCARE GOVERNANCE CONFERENCE (IN-PERSON)

FRIDAY-SATURDAY, JUNE 5-6 (PLEASE CHECK ONE)

Member	EARLY (on or before March 6)	REGULAR (March 7 - May 15)	LATE (after May 15)
<input type="checkbox"/> Full Conference	\$475	\$525	\$575
Non-Member			
<input type="checkbox"/> Full Conference	\$575	\$625	\$675
Guest			
<input type="checkbox"/> Full Conference	\$150	\$150	\$150
Friday Only			
<input type="checkbox"/> Member/ Non-Member	\$350	\$375	\$400

HEALTHCARE GOVERNANCE CONFERENCE (VIRTUAL ATTENDANCE*)

Member	EARLY (on or before March 6)	REGULAR (March 7 - May 15)	LATE (after May 15)
<input type="checkbox"/> Individual Virtual	\$375	\$425	\$475
<input type="checkbox"/> Group Virtual*	\$650	\$700	\$750
Non-Member			
<input type="checkbox"/> Individual Virtual	\$575	\$625	\$675
<input type="checkbox"/> Group Virtual*	\$750	\$795	\$825

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.

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 19, 2026**. 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 following information to receive the secure payment link.**

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Signature: _____
(must be signed to charge)