

BOARD SELF-ASSESSMENT REGISTRATION FORM



Board Self-Assessment Offerings:

Please select your BSA option:		THT Member	Non-Members
	BSA Data Report Only	\$425	\$850
	BSA Data Report and SWOT Analysis	\$625	\$1,000
	BSA Data Report, SWOT and In-person presentation of results	\$1,500	\$2,000

TOTAL \$ _____

REGISTRANT INFORMATION – Please include all information requested.

Please Print.

Name _____

Title _____

Department _____

Hospital/Health System _____

Address _____

City/State/ZIP _____

Phone (area code) _____ Email _____

(*IMPORTANT* All correspondence sent to this email)

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