

## MAIN CONFERENCE: 8 A.M. TUES. - 11:30 A.M. WED. EARLY REGULAR LATE **REGISTRATION FEE:** On or April 5 -After before April 4 Aug. 15 Aug. 15 Full Registration Packages: Tuesday-Wednesday, September 23-24, 2025 \$675 \$750 \$825 Member Registration This includes access to the Awards Luncheon on Tuesday Non-Member Registration \$825 \$950 \$1025 **PRE-CONFERENCE: MON. SEPT. 22 Education Opportunities:** Cybersecurity Workshop Monday, Sept. 22 9 a.m.-Noon Member: \$175 \$200 \$225 Non-Member-\$275 \$300 \$325 ACHE Face-to-Face Programming \$175 \$200 \$225 Monday, Sept. 22 1-4:30 p.m. **Networking Excursions** \*Limited to 40 participants. See www.tha.org for more information on these activities. FRFF Drive, Chip and Putt Contest\* Monday 1-3 p.m. The Cantina Challenge\* FREE Monday 3-5 p.m. **INDIVIDUAL TICKETS:** Not included in registration package \$100 \$100 Awards Luncheon Guest \$100 Tuesday 11:45 a.m.-1 p.m. **Grand Total** Payment must accompany registration form. Registration price is based on date payment is received.

The registration fee, less a 20 percent administrative charge, is refundable if notice of cancellation is received in writing by **5 p.m. CST on August 29, 2025.** No refunds will be issued for cancellations received after this date. To cancel, send an email to **registrar@tha.org** or fax to 512-692-2653. For additional information on cancellations or substitutions, visit **www.tha.org/conference.** 

## **2025 THA ANNUAL CONFERENCE**

SEPTEMBER 23-24, 2025 LA CANTERA RESORT AND SPA SAN ANTONIO

## **REGISTRATION FORM**

PAYMENT MUST ACCOMPANY REGISTRATION FORM. (Please Print)
Name
Suffix/Credentials
Title
Hospital/Organization
Address
City/State/ZIP
Phone Fax
Email (required)
☐ 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 of the individual who needs to receive the secure payment link.
Email Address:
QUESTIONS?  Call 512/465-1057 or email servicecenter@tha.org.
SPECIAL NEEDS?
Yes. Please indicate special accommodations (physical, dietary or otherwise) below or email <b>registrar@tha.org.</b>