



2025 THA ANNUAL CONFERENCE

SEPTEMBER 23-24, 2025

LA CANTERA RESORT AND SPA

SAN ANTONIO

VIRTUAL REGISTRATION FORM

ANNUAL CONFERENCE

TUESDAY-WEDNESDAY, SEPTEMBER 23-24, 2025

REGISTRATION FEE:

	EARLY On or before April 4	REGULAR April 5 - Aug. 15	LATE After Aug. 15
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Full Registration Packages: Tuesday-Wednesday, September 23-24, 2025

<input type="checkbox"/> Member Individual Registration <i>(Single Attendee)</i>	\$500	\$575	\$650
<input type="checkbox"/> Non-Member Individual Registration <i>(Single Attendee)</i>	\$650	\$725	\$800
<input type="checkbox"/> Member Hospital Registration <i>(Unlimited Attendees*)</i>	\$1750	\$1999	\$2499
<input type="checkbox"/> Non-Member Hospital Registration <i>(Unlimited Attendees*)</i>	\$1999	\$2499	\$2999

Grand Total

\$ _____

Payment must accompany registration form.
Registration price is based on date payment is received.

*PLEASE NOTE

If you signed up at the **Hospital Registration** rate, you are allowed unlimited attendees from your hospital. This rate is **not applicable to unlimited attendees across a hospital system**. An **Individual Registration** price will register **one attendee** for the program.

Simple instructions on how to log in to the virtual conference will be sent closer to the conference date. The individual whose information is listed on the registration form at the hospital rate will receive instructions to share with the additional attendees at their hospital.

ATTENTION: NEW REMITTANCE INFO

- 1. Online:** www.tha.org/conference
- 2. By email:** Return this form to servicecenter@tha.org to receive secure link
- 3. By mail:** Return this form with payment to Texas Hospital Association, Attn: Robin Jackson, P.O. Box 2756, San Antonio, TX 78299
- 4. Remit by ACH:** Texas Hospital Association, Account No. 592313707 ACH or Transit Routing #114000093

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 following information to receive the secure payment link.

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Signature: _____

(must be signed to charge)

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.

QUESTIONS? Call 512/465-1057 or email servicecenter@tha.org.