



# WEBINAR REGISTRATION FORM

## EMTALA Update 2022

### FOUR-PART SERIES

August 3 Noon-2 p.m. Central  
 August 10 Noon-2 p.m. Central  
 August 17 Noon-2 p.m. Central

### REGISTRATION FEE:

	Member	Non-member
Part 1, August 3	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179
Part 2, August 10	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179
Part 3, August 17	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179
	Total \$ <input type="text"/>	

### CANCELLATIONS AND SUBSTITUTIONS

Registrants unable to attend may allow an alternate to connect. Transfer from one THA education program to another is not permitted, and no financial credit will be granted. If a registrant cancels, the registration fee, less a 20 percent service charge, is refundable only if THA receives notice in writing no less than five business days prior to the program. (Send notification via e-mail to [registrar@tha.org](mailto:registrar@tha.org) or fax to 512/692-2653). Refunds will be issued only after the program runs and it is verified that the registrant did not access the program.

Registration includes unlimited connections per registered facility. We want to ensure that our education is accessible to everyone, please contact us if you have any questions at [servicecenter@tha.org](mailto:servicecenter@tha.org) or 512/465-1057. A recording of this program is also included in the cost of registration.

### REGISTRANT INFORMATION – Please include all information requested.

Please Print. **Payment must accompany registration form.**

Name   
 Title   
 Department   
 Organization   
 Address   
 City/State/ZIP   
 Phone (area code)   
 Fax (area code)   
 Email

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

Enclosed is Check #  payable to THA in the amount of \$ . (There will be a \$25 charge on all returned checks.)

Or I authorize THA to charge my credit card:  
 Visa  MC  AmEx

Account #   
 Expiration Date   
 CVV   
 Name as Shown on Card   
 Signature   
 Billing Address   
 City/State/ZIP

**ONLINE**  
[www.tha.org](http://www.tha.org)  
**FAX**  
 512/692-2653

**MAIL**  
 Texas Hospital Association  
 P.O. Box 95353  
 Grapevine, TX 76099-9733

**REMIT PAYMENT BY ACH**  
 Texas Hospital Association  
 Account No. 0101887890  
 ACH or Transit Routing #111900785

**OVERNIGHT**  
 1108 Lavaca, Suite 700  
 Austin, TX 78701-2108