

# CD-ROM ORDER FORM

## Update on Current Issues Related to Emergency Care

(CD-ROM includes recording of an audioconference held on Nov. 13, 2008, with accompanying program materials.)

**Return form with payment in one of three ways:**

**Fax form if paying by credit card to:**  
512/692-2653

**Mail form and check to:**  
Texas Hospital Association,  
P.O. Box 970121, Dallas, TX 75397

**For overnight deliveries:**  
1108 Lavaca, Ste. 700, Austin, TX 78701

	Quantity	THA Member	Non-Member	Total
<b>CD-ROM</b>		<b>\$175</b>	<b>\$175</b>	
			<b>Subtotal</b>	\$
			<b>Sales Tax (8.25%)</b>	\$
			<b>GRAND TOTAL</b>	\$

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If tax exempt, please fax a copy of the exemption certificate to THA at 512/692-2653. To mail, send with payment to P.O. Box 970121, Dallas, TX 75397.

Payment must accompany order.

**Offer expires: June 1, 2009**

Photocopies may be used. **Please complete all of the following information. Incomplete forms will not be processed. \*Required fields.**

Accounting Use Only: # 01-00-1312-22-0114-471  
Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_

\*Name \_\_\_\_\_ \*Department \_\_\_\_\_

\*Title \_\_\_\_\_ \*Institution \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Direct Phone # \_\_\_\_\_ \*FAX # \_\_\_\_\_

\*E-mail Address (Important: All correspondence sent via this e-mail) \_\_\_\_\_

**Shipping Information** (if different from above)

Ship To \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Payment Information**

Enclosed is my check payable to THA in the amount of \$ \_\_\_\_\_.

Or, I authorize THA to charge my:  MasterCard  VISA  American Express in the amount of \$ \_\_\_\_\_.

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print Name as Shown on Card \_\_\_\_\_

Signature (Must be signed to charge) \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_