

Basic MRI / Registry Review 2018  
Hilton Garden Inn - Hamilton Place  
Chattanooga, TN

Attendee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

\*optional Mobile: \_\_\_\_\_

Attendee email \_\_\_\_\_  
(required for confirmation letter):

**2018 dates (4-day program: \$1000)**

**Indicate desired program date**

\_\_\_ February 19 - 22

\_\_\_ March 19 - 22

\_\_\_ May 21 - 24

\_\_\_ June 25 - 28

\_\_\_ August 20 - 23

\_\_\_ October 22 - 25

\_\_\_ November 12 - 15

**Payment information on next page**

**Payment Information**  
**Basic MRI / Registry Review: \$1000**

If paying by check:

Send check for \$1000 payable to William Faulkner & Associates  
1554 Sedgefield Dr.  
Ooltewah, TN 37363

If paying by credit card:

**Credit Card Information**

Type of card:  VISA  MC  American Express  Discover

Card Number: \_\_\_\_\_

Security Number (3 or 4-digit number): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card holder name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Scan and send via email to [bill@t2star.com](mailto:bill@t2star.com)

Fax this form to: 615.290.5229 (no cover page needed)

or mail to:

William Faulkner & Associates  
1554 Sedgefield Dr.  
Ooltewah, TN 37363

email with any questions to: [bill@t2star.com](mailto:bill@t2star.com) or call 423.894.7214