

Basic CT / Registry Review 2019 (select date)

Fax: 615.290.5229

\_\_\_ March 27 - 28    \_\_\_ June 26 - 27    \_\_\_ October 23 - 24

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): \_\_\_\_\_

Send check for **\$575** payable to  
William Faulkner & Associates  
1554 Sedgefield Dr.  
Ooltewah, TN 37363

OR Fax to **615.290.5229**

Or scan and email to [bill@t2star.com](mailto:bill@t2star.com)

To pay by credit card, please provide all of the following information

**Credit Card Information**

Type of card (VISA, MC, American Express): \_\_\_\_\_

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

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

Expiration Date (mo/yr): \_\_\_\_\_ **Amt to be charged: \$575**

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

Mailing address associated with card: \_\_\_\_\_

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

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