

Basic CT / Registry Review 2019 (select date)

Fax: 615.290.5229

___ March 27 - 28 ___ May 29 - 30 ___ 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

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 _____