

Basic CT / Registry Review 2019 (select date / program)

Fax: 615.290.5229

____ March 27 - 28 ____ June 5 - 6 ____ October 26 - 27 (In-person)

____ October 26 - 27 (Live Simulcast)

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

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