

Basic MRI / Registry Review 2019
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):

2019 dates (4-day program: \$1000)

Indicate desired program date

- ___ February 18 - 21
- ___ March 25 - 28
- ___ June 3 - 6
- ___ July 8 - 11
- ___ August 19 - 22
- ___ September 23 - 26
- ___ October 21 - 24
- ___ November 18 - 21

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

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 or call 423.894.7214