

Basic CT / Registry Review 2021 (select date & attendance option)
Fax: 615.290.5229

____ March 20 - 21 ____ May 15 - 16 Additional dates will be posted later

Choose one: ____ Attend in Chattanooga ____ Attend via live simulcast

See web page for hotel information

Attendee Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Best phone number : _____

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 _____