

Basic MRI / Registry Review **2021**  
Chattanooga, TN (see webpage for hotel information)

Attendee Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

\*optional Mobile: \_\_\_\_\_

Attendee email \_\_\_\_\_  
(required for confirmation letter):

**2021 dates (4-day program: \$1000)**

**Indicate desired program date and attendance option**

- \_\_\_ February 22 - 25
- \_\_\_ March 22 - 25
- \_\_\_ April 26 - 29
- \_\_\_ May 24 - 27
- \_\_\_ June 28 - July 1
- \_\_\_ August 9 - 12
- \_\_\_ September 20 - 23
- \_\_\_ October 18 - 21 **LIVE ON LINE ONLY**
- \_\_\_ November 15 - 18

Choose one: \_\_\_ Attend in Chattanooga    \_\_\_ Attend via live simulcast

**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](mailto: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](mailto:bill@t2star.com) or call 423.894.7214