

Basic MRI / Registry Review
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):

Early 2010 dates

- ___ February 8 - 11 (4-day program \$875)
- ___ February 8 - 12 (5-day program w/anatomy \$1000)
- ___ February 12 (Anatomy only \$175)
- ___ March 22 - 25 (4-day program \$875)
- ___ March 22 - 26 (5-day program w/anatomy \$1000)
- ___ March 26 (Anatomy only \$175)
- ___ April 19 - 22 (4-day program \$875)
- ___ April 19 - 23 (5-day program w/anatomy \$1000)
- ___ April 23 (Anatomy only \$175)
- ___ May 17 - 20 (4-day program \$875)
- ___ May 17 - 21 (5-day program w/anatomy \$1000)
- ___ May 21 (Anatomy only \$175)

Payment Information

If paying by check:

Send check for \$875 or \$1000 payable to William Faulkner & Associates
9005 Jenny Lynn Drive
Chattanooga, TN 37421

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: _____

Click submit button to submit via email

Fax this form to: 530.733.3097 (no cover page needed)

or mail to:

William Faulkner & Associates
9005 Jenny Lynn Drive
Chattanooga, TN 37421

email with any questions to: bill@t2star.com or call 423.894.7214