

Basic MRI / Registry Review **2024**
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):

2024 dates (4-day program: \$1000)

Indicate desired program date and attendance option

___ February 12 - 15 (On Line ONLY)

___ March 18 - 21

___ April 15 - 18

Additional dates will be established later and an updated form will be made available

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

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

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