

DISORDERS SYMPOSIUM 2014 - Tesify
September 5, 2014 ✕ 8:30 am - 4:30 pm

Dr. Mr. Ms. Mrs.

First Name: _____ LastName: _____

Degree: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Email address: _____

Professional Background:

Psychologist Physician Counselor

Social Worker Nurse Attorney

Other _____

Symposium Fees:

Early-Bird Registration:

(Postmarked on/before August 16): \$199.00

Regular Registration

(Postmarked after August 16): \$219.00

Student Registration per day

(Submit valid ID with registration) \$85.00

TOTAL: _____

**Payment: by personal check, business check, VISA,
MC, or debit card. CARD#** _____

EXP Date: ____/____/____ **Billing address:** _____

✕ **Mail completed form to:** Solutions Symposium Series,
326 2nd Avenue NW, Hickory, NC 28601

✕ **Fax completed form (with credit card information):**
828-328-4820

✕ **Print a Registration Form Online:**

www.solutionsofhky.com

✕ **CONTACT US:** info@solutionsofhky.com or
Toll Free at 800-650-9409

ADA: If you have special needs, please contact our office at 828-328-4313.