

Disorders SYMPOSIUM 2010 ~ Testify
September 17, 2010 ♦ 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): \$189.00

Regular Registration

(Postmarked after August 16): \$209.00

Student Registration per day

(submit valid ID with registration) \$75.00

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:** INFOSOLUTIONS@CHARTER.NET or

Toll Free at 800-650-9409

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