

## Registration Form

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

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

Phone numbers: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please check appropriate box:

General \$3000

Part-time student or practitioner within 3 years of graduation \$2500

Full-time student \$2000

Please mail registration form along with the deposit and any necessary documentation to:

CST Class

C/o Steven M. Hall, MD

120 1<sup>st</sup> Ave NW

Issaquah, WA 98027

Phone: 425-557-7706, Fax: 425-557-0595

To pay your deposit by Visa or Mastercard:

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Signature: \_\_\_\_\_