



# THE TOVA COMPANY WORKSHOP REGISTRATION

MAIL OR FAX REGISTRATION AND PAYMENT TO:

THE TOVA COMPANY  
3321 CERRITOS AVE  
LOS ALAMITOS, CA 90720  
FAX: 1-800-452-6919 OR 1-562-594-7770

WHO WILL BE ATTENDING?

- 1. NAME : \_\_\_\_\_ DEGREE: \_\_\_\_\_ LICENSE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ STUDENT: YES \_\_\_ No \_\_\_
- 2. NAME : \_\_\_\_\_ DEGREE: \_\_\_\_\_ LICENSE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ STUDENT: YES \_\_\_ No \_\_\_
- 3. NAME : \_\_\_\_\_ DEGREE: \_\_\_\_\_ LICENSE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ STUDENT: YES \_\_\_ No \_\_\_
- 4. NAME : \_\_\_\_\_ DEGREE: \_\_\_\_\_ LICENSE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ STUDENT: YES \_\_\_ No \_\_\_

### T.O.V.A. INFORMATION

T.O.V.A. Serial # \_\_\_\_\_ or Customer # \_\_\_\_\_

### WHICH WORKSHOP WILL YOU ATTEND?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cost: \$149 per attendee. Student discount (with valid student ID) \_\_\_\_\_. Group discount : \_\_\_\_\_.

### BILLING INFORMATION

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL(S) \_\_\_\_\_

### METHOD OF PAYMENT

- CHECK OR MONEY ORDER, PAYABLE TO **The TOVA Company**  PURCHASE ORDER P.O. # \_\_\_\_\_
- Visa  MasterCard  Discover Card  American Express  Pay Pal Acct: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: MO \_\_\_\_ YR \_\_\_\_

Card Verification Number (3 digit number off back of card or 4 digit number printed on the front of the card for AMEX): \_\_\_\_\_

Authorized/Cardholder Signature: \_\_\_\_\_

**800.PAY.ATTN • <http://www.tovatest.com> • [info@tovatest.com](mailto:info@tovatest.com)**