



## Attention Deficit Disorders and the T.O.V.A.™ - Workshop Registration

MAIL or FAX Registration and Payment to:

The TOVA Company  
3321 Cerritos Ave  
Los Alamitos, CA 90720  
Fax: 800-452-6919 or 562-594-7770

**Please fill out all information.**

### Who will be attending?

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

Degree: \_\_\_\_\_

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

Degree: \_\_\_\_\_

### Billing Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

If you are a current customer, please provide the following information:

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

### Which Workshop will you attend?

\_\_\_\_ March 5, 2008 - Pleasant Hill, CA

\_\_\_\_ May 6, 2008 - Detroit, MI

\_\_\_\_ March 13, 2008 - Dallas, TX

\_\_\_\_ May 7, 2008 - Cleveland, OH

\_\_\_\_ March 27, 2008 - Philadelphia, PA

### Method of Payment:

Make checks payable to: **The TOVA Company**

\_\_\_ VISA \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AMEX

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

Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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