



Attention, ADHD, and the TOVA Workshop Registration Form

Name: _____

Email: _____

Phone: _____

Degree: _____ License # _____

Student: Yes / No

Current T.O.V.A. Users: T.O.V.A. Serial # _____

Workshop Date: _____

Workshop Location: _____

Cost: \$200 (US) per attendee.

Student discount (w/valid student ID): _____ Group discount (3+): _____

Billing Information

Name: _____

Comp./Org.: _____

Address: _____

City: _____

State: _____

ZIP code: _____

Phone: _____

Email: _____

Method of payment

Check or money order, payable to The TOVA Company

Purchase Order # _____

Visa MasterCard Discover American Express

Pay Pal Acct: _____

Card Holder Name: _____

Cardholder Address: _____

City: _____

State: _____

ZIP Code: _____

Card #: _____

Expiration Date: MO ____ YR ____

Card Verification Number (3 or 4-digit number): _____

Authorized/Cardholder Signature: _____

Email, 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
info@tovatest.com

800.PAY.ATTN • <http://www.tovatest.com> • info@tovatest.com

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