

SCARRITT-BENNETT CENTER
PRESENTS
U.S. HISTORY MY TEACHER NEVER TOLD ME

WITH DR. JOE FEAGIN

SAT., FEB. 6, 2010

9 AM TO NOON

REGISTRATION FORM

Please circle one: Ms., Mr., Dr. or Rev.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

(_____) _____
PHONE

(_____) _____
CELL

EMAIL *Please print email address clearly. Confirmations will be sent by email*

COST:

\$15 per person
(includes continental breakfast)

Free: Teachers admitted at no
cost (must show valid teachers' ID)

NAME OF SCHOOL _____

MAIL REGISTRATION & PAYMENT TO:

Scarritt-Bennett Center

Attn: Programs Department

1008 19th Ave. S., Nashville, TN 37212

Fax form to 615.340.7463

*For more information contact
Kim Johnson at 615.340.7450 or
kjohnson@scarrittbennett.org.*

PAYMENT INFORMATION

Payment by: Check VISA MasterCard AmEx

MAKE CHECKS PAYABLE TO: Scarritt-Bennett Center

\$ _____ **TOTAL** (includes all taxes)

PLEASE PRINT CLEARLY

CREDIT CARD # _____

EXPIRATION DATE _____

3-4 DIGIT SECURITY CODE (on back) _____

CARDHOLDER PRINTED NAME *(as it appears on card)*

CARDHOLDER SIGNATURE