

# TIM WISE - INTERNALIZED SUPREMACY

## REGISTRATION FORM

Please circle one: Ms., Mr., Dr. or Rev. \_\_\_\_\_  
NAME

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
PHONE CELL

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

How did you hear about this program? \_\_\_\_\_

**FEE:** \$45

### MAIL REGISTRATION TO:

**Scarritt-Bennett Center • Attn: Programs Department • 1008 19th Ave. S., Nashville, TN 37212**

Reservations are not considered final until payment and confirmation letter is received.

*For more information call 615.340.7450 or email [kjohnson@scarrittbennett.org](mailto: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



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