

**Pay Online or Mail Checks to:**  
Spataro & Associates, Inc.  
1787 Riverbend Drive  
Burgaw, NC 28425



**Registration will be confirmed upon receipt of completed form and payment for event.**  
Email completed form to [m spataro@clinicalsupplysolutions.com](mailto:m spataro@clinicalsupplysolutions.com) or fax to (866) 242-1908.  
Make checks payable to "Spataro & Associates, Inc." (See mailing address above.)

Check one:  Single Participant Registration  Multiple Participant Registration

### REGISTRATION FORM

Event Info: Title of Program: \_\_\_\_\_ Date: \_\_\_\_\_

Registrant(s):

	Registrant #1	Registrant #2	Registrant #3
Name			
Title			
E-mail			
Phone #			

Company: Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

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