

**THE COUNCIL FOR EDUCATION AND CERTIFICATION IN THERAPEUTIC HORSEMANSHIP**

**Phase ll QI Training Course, May 15 – 18 2021**

**Wilson College, Chambersburg, PA**

**Registration Form (please print clearly! Deadline May 10, 2021)**

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

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

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check:**

**Member Registration Fee: ……….………………………………………………………………… \_\_\_\_ $400.00**

**Non CECTH Member Registration Fee** (Includes 2021 membership fee):  **..…... ­\_\_\_\_ $450.00**

**Student Registration Fee** (Includes 2021 CECTH membership fee): ……………… **­­ \_\_\_\_ $95.00**

**Auditor Fee: ……………………………………………………………………………………………… \_\_\_\_ $100.00**

**Lunch Fee: 05/16, 05/17 & 05/18: …………………………………………………………….. \_\_\_\_ $36.00**

 **TOTAL………$\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check, enclosed payable to CECTH**

**Credit Card payment: Name as it appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_**

**Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby authorize CECTH to charge my above-noted credit card for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail completed form with payment to: CECTH, 9794 Old Hawn Rd. Huntingdon, PA 16652**

**or email form with credit card payment to:** **info@cecth.org**