



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

**Phase II QI Training Course**

**Triangle Therapeutic Riding, Reinholds, PA 17569 (Lancaster County)**

**Registration Form (please print clearly!)**

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

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

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

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

**Please check:**

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

**Non CECTH Member Registration Fee (Includes 2022 membership fee):** ..... \_\_\_\_\_ **\$450.00**

**Student Registration Fee (Includes 2022 CECTH membership fee):** ..... \_\_\_\_\_ **\$95.00**

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

**Lunch (– Panera \$25/meal):** ..... \_\_\_\_\_

**Total:** \_\_\_\_\_

**Check:** enclosed payable to CECTH \_\_\_\_\_ ; PayPal (cecth.org) \_\_\_\_\_

**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 (CECTH, 9794 Old Hawn Rd. Huntingdon, PA 16652) or email (info@cecth.org) completed form. Questions: 814-667-2497**

