



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

