



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: \$650.00

Non CECTH Member Registration Fee (Includes 2024 membership fee): \$700.00

Student Registration Fee (Includes 2024 CECTH membership fee): \$250.00

Auditor Fee: \$100.00/day

Lunch (\$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

