



**THE COUNCIL FOR EDUCATION AND CERTIFICATION IN THERAPEUTIC HORSEMANSHIP Virtual
Online Phase I Qualified Instructor Training Course, 2024**

Registration Form (Please print clearly!)

Name: _____

Address: _____

Phone: _____ **Email:** _____

Registration Fee, CECTH Member: _____ **\$525.00**

Registration Fee, Non-Member (includes 2024 CECTH membership) _____ **\$575.00**

Registration Fee, Student (includes 2024 CECTH membership) _____ **\$125.00**

Registration Fee, Auditor (includes 2024 CECTH membership) _____ **\$ 200.00**

Check enclosed, payable to CECTH: ____ **PayPal payment – CECTH website** ____

Credit card: ____ **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 To: CECTH 9794 Old Hawn Road Huntingdon, PA 16652 or email form to:
info@cecth.org. Confirmation will be sent via email upon receipt along with information.