



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.