THE COUNCIL FOR EDUCATION AND CERTIFICATION IN THERAPEUTIC HORSEMANSHIP Virtual

Online Phase I Qualified Instructor Training Course, 2026

Registration Form (Please print clearly!)

Name: _____

Address: _____

_____ Phone:

_____ Email: _____

Registration Fee, CECTH Member:	**_____$525.00**
Registration Fee, Non-Member (includes 2026 CECTH membership)	**_____ $575.00**
Registration Fee, Student (includes 2026 CECTH membership)	**_____ $125.00**
Registration Fee, Auditor (includes 2026 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.