



**THE COUNCIL FOR EDUCATION AND CERTIFICATION IN THERAPEUTIC
HORSEMANSHIP**

Virtual Online Phase I Qualified Instructor Training Course

Registration Form (Please print clearly!)

Name: _____

Address: _____

Phone: _____ **Email:** _____

Registration Fee, CECTH Member: _____ **\$425.00**

Registration Fee, Non-Member (includes 2021 CECTH membership) _____ **\$475.00**

Registration Fee, Student (includes 2021 CECTH membership) _____ **\$75.00**

Auditor Fee _____ **\$150.00**

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.