

**COUNCIL FOR EDUCATION AND CERTIFICATION IN  
THERAPEUTIC HORSEMANSHIP  
PQI Training Course -- Phase I  
May 13-16, 2017 – Wilson College**

**Registration Form (please print clearly)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Program Affiliation:** \_\_\_\_\_

**Registration Fee** (postmarked by 5/1/17)  \$425.00  
Cancellations prior to 5/1/17 -- \$30.00 fee  
No refunds after 5/1/17

**Non-member Registration Fee** (postmarked by 5/1/17)  \$475.00  
Includes 2016 PACTH membership  
Cancellations prior to 5/1/17 -- \$30.00 fee  
No refunds after 5/1/17

**Student Registration Fee** (postmarked by 5/1/17)  \$75.00  
No refunds after 5/1/17

**Late Registration or Late Audit Fee** (postmarked after 5/1/17)  \$ 20.00

**Lunch 5/14, 5/15 & 5/16**  \$36.00  
No refunds after 5/1/17

**Auditor Fee** (postmarked by 5/1/17)  \$150.00  
Cancellations prior to 5/1/17 -- \$30.00 fee  
No refunds after 5/1/17

**Riding or Written Re-Test** (*previous attendees only*) -- **\$25.00 per test**  \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Check** enclosed payable to **CECTH**     **VISA**     **MC**     **Discover**

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

I hereby authorize PACTH to charge my above-noted credit card for \$\_\_\_\_\_.

Signature: \_\_\_\_\_

**Mail completed form with payment to: CECTH, 242 Evergreen Ln. Acme, PA 15610 or  
email form with credit card payments to: info@cecth.org**

**\*\*Confirmation of receipt will be sent via e-mail (preferred) or mail.\*\***