

REGISTRATION FORM

1. Check the box indicating the workshop for which you are registering:

- Hearts and Hoofbeats (\$75)
 - June 30
 - September 8
- Wisdom of the Horse (\$75)
 - July 28
 - September 29
- Horses and Healing (\$100)
 - August 11

2. Please enter your contact information:

Name: _____
Street or P.O. Box: _____
City: _____
State: _____
Zip: _____
Email address: _____
Phone: _____
Cell: _____

3) Where did you hear about this training program?

4) Method of Payment:

- Process my full tuition at this time
 - Personal Check (please make check payable to Dr. Pamela Houghton, N.D., L.Ac.)
 - Credit Card — Visa or Mastercard
- Name as it appears on card: _____
Account number: _____
Expiration date: _____
Your signature and date: _____

Please mail or fax this form to:

Dr. Pamela Houghton, N.D., L.Ac.
6303 Phinney Avenue North
Seattle, Washington 98103
Fax: (206) 789-0258

Directions and a list of items to bring will be sent to you after your registration is processed.