

EQUINE EXPERIENTIAL LEARNING WORKSHOPS REGISTRATION FORM

1. Please indicate the workshop(s) for which you are registering:

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.