

**Winslow Therapeutic Center
Seminar Registration Form**

SEMINAR _____ **DATE OF SEMINAR** _____

Registration Fee _____ Early Bird Discount(if applicable) _____
Student Rider \$70 per day/Auditor \$35 per day

Registration Deadline _____ Early Bird Deadline _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone: work _____ Home _____

E-Mail _____

Program Affiliation _____ Profession _____

Where did you hear about us? _____

Special Needs/Request _____

Your Riding Information:

Rider Weight _____

Rider Height _____

Rider Experience _____

Credentials (i.e. CHA, CR, NARHA, etc.) _____

Horse Info (If appropriate)

Winslow Rental \$35 per day
Stabling \$35 per day (includes shavings, hay and feed if desired)

Own Horse: Coggins _____ Stabling _____ Cost _____

Feed Schedule _____

Other _____

PAYMENT METHOD: Check payable to Winslow Therapeutic Center
Visa/MC/Amex

Card # _____

Exp. Date: _____ V-Code _____

Signature: _____ Date: _____