

Energy Medicine
Animal Program — Equine
Course Registration Form



Name _____ Company _____

Phone _____ Address _____

Mobile _____ eMail _____

Course Name	Course Dates	Course Fee
<input type="checkbox"/> EMAP Equine 8:00 a.m.– 5:00 p.m. Luseland (4 days) Level 1 & Level 2	March 24-27	\$
Course fee: \$145 per day (\$580)	Manual (s) only	\$
<input type="checkbox"/> Manuals: \$25.00 each	Booklets	\$
<input type="checkbox"/> Equine documentation booklets \$5.00 each		

Fees payable to Twila Hayes

Please mail completed and signed registration form and payment to:

Tara Body
Box 305 Luseland, Saskatchewan SOL 2AD, CANADA

Phone: 1-306-372-4532 or 306-372-7680

eMail: howlinghills@xplornet.com

Total Due
(amount enclosed)

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Terms and Conditions for EMAP Course (Please read and sign)

Please make money orders or certified cheques payable to Twila Hayes. Tuition must be paid in full at the time of registration. The refund policy is as follows:

Withdraw from course 0-21 days prior to course start date = no refunds for any reason.

Energy Medicine Partnerships, Inc. reserves the right to cancel a course due to insufficient registration or other circumstances beyond our control – at which point a full refund will be awarded. We will not be responsible for travel expenses. U.S. cheques will be accepted based on the current exchange rate at the time of bank deposit plus a \$25 Canadian exchange fee. All other international currencies must pay with a Canadian Money Order.

Course material and intellectual capital are the property of Energy Medicine Partnerships Inc. and may not be copied in any manner.

I, the undersigned, (print name) _____ recognize that there are risks, dangers, and hazards inherent in equine and canine activities. I willingly accept and am fully responsible for any such risk, including the possibility of personal injury, or property damage or loss, resulting from participation in this course, and shall not hold Energy Medicine Partnerships, Inc., or the clinic facility responsible for any damage or injury.

Signed: _____ Date: _____