



EiT - Equines in Therapy

International Training for Equine Professionals
Who (want to) Work with Equines in Therapy

REGISTRATION FORM

EiT- Equines in Therapy Training 24-26 (27) January 2019

Name: _____

Address: _____

Email: _____ Phone: _____

Special Dietary Needs (if any): _____

Registration Rate (please check one): 3-days 4-days

Payment Method (please check one): PayPal invoice Wired directly to account (details below)

How did you find out about the EiT training? _____

What drew you to attending the EiT training? _____

If wiring payment, please indicate EiT and your name as a reference to the following account:

Account holder: Live the Change, Hällestad 311, 247 95 Torna Hällestad, Sweden

Bank giro: 3425451 **Name of bank:** Handelsbanken

IBAN: SE56 6000 0000 0007 7918 2782 **BIC/National bank ID:** HANDSESS

Please initial: _____ By submitting this signed form, I acknowledge that I have read and agree to the general terms and conditions and the liability waiver outlined on the website (mimercentre.org/contact/general-conditions). I confirm that I fully understand the terms associated therewith, and that I am signing voluntarily and freely without any inducement, assurance, guarantee or representation being made. I acknowledge that completing and submitting this form is a binding agreement to register for the training and submit payments according to the general conditions.

Signature: _____ Date: _____

Please return completed form to Katarina Felicia Lundgren: katarina@mimercentre.org