

# CEU

## EQUINE ASSISTED THERAPY AND PSYCHOTHERAPY WORKSHOP REGISTRATION FORM



Date: May 13, 2017

This form enables you to:	Important notes
Register to attend Equine Assisted Therapy	
	One registration form per person
Pay for the workshop	Please send all pages to workshop email: Info@ebonyhorsewomen.us
Email : <a href="mailto:info@ebonyhorsewomen.us">info@ebonyhorsewomen.us</a>	

### Contact Details

Title	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof	Other (please specify) :			
Circle One	<input checked="" type="checkbox"/> Mental Health Professional	<input type="checkbox"/> Equine Professional			
Full Name of Registrant					
Address/Street					
City					
State		Country		Postal code	
Phone	(   )	Fax.	(   )	Mobile	(.....)
Email					
Education level					

### Terms & Conditions

1. After having completed the registration procedure, you pay for the workshop registration fee by:
2. Paypal – at [www.ebonyhorsewomen.us](http://www.ebonyhorsewomen.us)
3. Debit/Credit – Present card at workshop
4. Check/Money Order- Mail prior to 5/7/17 or present at workshop

#### Please make out registration fee to:

Ebony Horsewomen, Inc.

Mail Check to:  
337 Vine Street  
Hartford, CT 06112

Participants who pay registration fee on-line (PayPal) at [www.ebonyhorsewomen.us](http://www.ebonyhorsewomen.us). Can email the registration form to:  
[INFO@EBONYHORSEWOMEN.US](mailto:INFO@EBONYHORSEWOMEN.US)

**You will be asked to present the original copy of your certification at the registration desk.**

## Privacy Policy

### 1. Collection of your Personal Information

The workshop office will collect personally identifiable information in registration form, such as your name, e-mail address, work address, and telephone number.

### 2. Use of your Personal Information

Your Personal Information is collected for workshop need such as to registryour attendance at the workshop; assist with administrative and planning purposes; plan and develop workshops and other events in the future; facilitate your requirements in relation to the workshop and the conference; and allow the compilation and analysis of statistics relevant to the workshop.

### 3. Security of your Personal Information

The workshop office secure your personal information from unauthorized access, use or disclosure. The workshop committees secure the personally identifiable information you provide on computer servers in a controlled, secure environment, protected from unauthorized access, use or disclosure.

### 4. Disclosure of personal information to third parties

This Privacy Policy applies solely to the personal data collected by Ebony Horsewomen and is not shared with any third party

### 5. Contact Information

Ebony Horsewomen, Inc welcomes your comments regarding this Privacy Policy.

I have read and understood the terms & conditions.

Signature: \_\_\_\_\_

## Workshop Registration

Registration fee is per person and includes attendance to the conference

Workshop	Fee	Form of Payment
Equine Assisted Therapy and Psychotherapy May 13, 2017	\$65.00	