



6487 Third Line, R.R. #2 Alliston, Ontario L9R 1V2
Telephone 705-435-6174 Fax 705-435-4409 Toll Free 1-866-919-TREE (8733)

Herbal Remedies and Aromatherapy for Animals Workshop Registration Form

Workshop dates, times and fees: (please check off the session you are registering for)

_____ Sunday February 15th 2009 9am to 4pm \$131.25 CAD includes taxes, workshop materials, refreshments and lunch.

_____ Sunday March 22nd 2009 9am to 4pm \$131.25 CAD includes taxes, workshop materials, refreshments and lunch.

Location: Treetops Farm near Alliston, Ontario. Detailed directions will be included in the confirmation of registration package.

Participant Information:

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone # Day: _____ **Evening:** _____

Fax: _____ **Email:** _____

Registration:

Registration must be received no later than one week prior to the workshop session date. To secure your spot in the workshop 100% of the workshop fee must be received at the time of registration by Visa, Master Card or Money Order. There will be no refund for cancellations or transfer requests received one week or less before the workshop start date. A \$25.00 administration fee will be retained for earlier cancellations or transfer requests. Your place in the course will be reserved upon receipt of payment and a confirmation package will be mailed to you prior to the workshop start date. For all credit card payments the applicant understands that their place in the workshop is not secure until authorization has been received by Treetops from the card issuer. If the workshop is cancelled by Treetops a full refund will be made. To complete your registration, complete the payment section, then sign and date the form below as an indication of your acceptance of these terms.

Payment Options:

Circle your payment choice: **VISA** **Master Card** **Money Order**

Card number: _____ **Card Expiry:** ____ / ____

Card Holder's Name: _____

Signature of Card Holder: _____

Make **Money Orders** payable to TREETOPS. Please mail to Treetops 6487 Third Line, R.R. #2 Alliston, Ontario L9R 1V2 or for credit card payments fax to 705-435-4409.

Signature: _____ **Date:** _____