

Registration Form

Simply click and type to fill in the form and email in to us!

Full Name: _____ Date: _____

Email Address: _____

Actual Address: _____

_____ Phone: _____

Course Name: _____

Course Venue: _____

Course Dates: _____

Course Cost: _____

After registration and payment received and processed, you will be sent additional course information and a list of items to bring for the course as well as detailed venue directions and a receipt for your payment. If, for any reason, The Horse Herbalist are unable to proceed with the course, your payment will be refunded in full. Last minute cancellations (less than 10 days prior to course) attract a 20% cancellation fee, all other cancellations, monies will be refunded in full.

I am paying by: Cheque Direct Deposit

Please mail your cheque to:

PO Box 161
Ballina NSW 2478

Direct Deposit Details as follows:

Account Name: The Horse Herbalist

Bank: St George

BSB: 112 879

Account: 156 064 764

Please use YOUR NAME as reference

Please fax to (02) 6681 5749 or email to info@thehorseherbalist.com

Your Horse's Health is Our Business!

