**REGISTRATION FORM**

NAME OF PROGRAM:

**DEEPENING THE POWER OF HEALTHCARE PROFESSIONALS WITH EQUINE ASSISTED EXPERIENTAL LEARNING**

DATE and TIME: **October 14th- 1pm-6pm & October 15th – 8:30-3:30pm 2019**

CONTUNUING NURSING EDUCATIONAL HOURS GIVEN FOR COMPLETION OF PROGRAM: **10.25 contact hours**

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFIRMATION OF EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY/ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE TYPE (ie: RN, PT, SW) or N/A if does not apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT INFORMATION

SEND $950.00 PAYMENT: to PayPal.me/lisawalters

(with preferred payment via Friends & Family)

or

personal check made to: Lisa Walters

mail to: Equusatori Center

PO Box 989

Sebastopol, CA. 95473

\*\*\*\*FULL PAYMENT WILL RESERVE SEAT FOR PROGRAM\*\*\*

REFUND POLICY: Full refund will be given 60 days prior to program or if reserved seat is filled.

**INTAKE SAFETY QUESTIONS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any current or previous injuries that could inhibit your ability to move quickly while interacting with or being around horses? Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently taking any medications that might alter your perceptions or ability to respond quickly while interacting with or being around the horses? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had any previous experience(s) with horses? (**Please note that no experience is required for this workshop**) Yes: \_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_

If Yes, do you consider yourself inexperienced, intermediate or advanced? \_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any fears or concerns about engaging with horses? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there anything else you think or feel we should know about you to help support you in having a safe experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. We will be providing dinner on Thursday and lunch on Friday - Please indicate any food allergies or special preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vegetarian\_\_\_\_\_\_\_\_\_\_ Vegan\_\_\_\_\_\_\_\_\_\_ Gluten-Free\_\_\_\_\_\_\_\_\_\_\_

I have read and fully understand all the questions above.

Initial here: \_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN REGISTRATION FORM TO: gwen.equusatori@gmail.com**

Further Questions: contact Gwen Kinney at 703-964-7406