

INTERNATIONAL SYMPOSIUM FOR EQUINE WELFARE AND WELLNESS

in equine assisted / facilitated therapy and learning programs
July 11-13, 2017 | Wartenberg-Rohrbach, Germany

REGISTRATION FORM

Name: _____

Address: _____

Email: _____ Phone: _____

Special Dietary Needs (if any): _____

Registration Rate (please check one): Early bird € 235.- (by April 1) Regular € 275.- (after April 1)

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

How did you find out about the symposium? _____

What drew you to attending the symposium? _____

If wiring payment, please indicate "Germany Symposium" as a reference to the following account:

Account holder: Felicia Lundgren, Hällestad 311, 247 95 Torna Hällestad, Sweden **Account number:** 792 302 818

IBAN: SE776000000000792302818 **BIC/National bank ID:** HANDSESS **Name of bank:** Handelsbanken

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 (www.mindsnmotionsymposium.org/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 symposium and submit payment.

Signature: _____ **Date:** _____

Please return completed form to Ilka Parent: ilka.parent@mindsnmotion.net