

Anatomy In Motion Workshop
For Healthcare Professionals

General Information:

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

E-Mail: _____

Emergency Contact Information:

Who should we contact in case of emergency _____

Contact's phone number(s): _____

Anatomy In Motion/Visible Horse Workshop

Friday, May 18, 2012 6:00—8:00 PM

_____ \$25 Registration

Make checks payable to **Helping Hands Therapeutic Riding Center** and mail along with this form to:

HHTRC 32808 East Stringtown Rd., Greenwood, MO 64034

Helping Hands Therapeutic Riding Center

32808 East Stringtown Rd., Greenwood, MO 64034

Vickie@hhtrc.org 816-759-0111 www.hhtrc.org