

Northeast Horticultural Therapy Network

Workshop Registration Form

Workshop Date: _____

Workshop Title: _____

Workshop Location: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

E-Mail: _____

Member \$20.00

Non-Member \$25.00

HT Program Participant \$10.00

Yes, I am interested in car pooling

Yes, I would like to host a workshop

Yes, I will bring items for the SWAP

Make check payable to: Northeast Horticultural Therapy Network

Mail this form and check to: Northeast Horticultural Therapy Network
P.O. Box 98, Williamsburg, MA 01096

Contact Judy Murray:

jacksonmurray@comcast.net (978) 627-7170 (h)