

Northeast Horticultural Therapy Network

Workshop Registration Form

Workshop Date: _____

Workshop Title: _____

Workshop Location: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work: _____ Mobile: _____

E-Mail: _____

Member \$30.00

Non-Member \$35.00

HT Program Client \$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 (HT items to be donated/swapped amongst attendees)

To pay by Credit Card/Paypal, register online: <http://nehorticulturaltherapy.net/register>

To pay by check, make check payable to: NEHTN

Mail this form and check to: NEHTN, P.O. Box 4614 White River Junction, VT 05001

Contact: erinbackus@nehorticulturaltherapy.net