

KOMITOR HEALING METHOD, INC. • HEALING TOUCH FOR ANIMALS®

## FACILITY LOCATION RECORD Course Information

Level: Dates:				
City: State:		Country:		
	<u>Coordina</u>	ator Informatio	<u>n</u>	
Name:	Addres	s:		
City:	State:	Zip:	Country:	
Phone:	Fax:	Cell:		
Email Address:				
	<u>Facilit</u>	y Information		
Introduction to Hea	ling Touch/Fundamen	tals Class ONLY		
Introduction to Hea	ling Touch/Fundamen	tals Class AND S	Small Animal Class Facility	
Name of Facility:		Website:		
Contact Person:		Phone:	Fax:	
Email:				
Physical Address of Facil	ity:			
City:	State:	Zip:	Country:	
Was an HTA Course Sch	olarship offered and ac	cepted in lieu of Fa	acility Fee? Yes 🗌 🛛 No 🗌	
If yes, name the person a	ttending the course:			
Facility Fee Total:	Facility Fee T	otal Due by:		
Note: Final facility fees are ma				
Deposit Amount (if required				
The deposit is refundable	Yes No The	e deposit will be ap	oplied to the total due Yes 🗌 No 🗌	
Make Check Payable to:				
			Country:	
Contract Type: Facility Re	ental Agreement (Facility	Supplied) OF	R HTA Facility Contract	
I have supplied the facility	/ with a copy of the HT/	A Certificate of Ins	urance. Yes 🗌 🛛 No 🗌	
If facility requires to be lis	ted as additionally insu	red, the name on t	the Certificate should read as follows:	
Comments:				

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Small Animal Class Faci	<b>lity</b> (Complete only if dif	fferent from Intro to He	ealing Touch/Fundamentals Class Facility)		
Name of Facility:		Website:			
Contact Person:		Phone:	Fax:		
Email:					
Physical Address of Facili	ty:				
City:	State:	Zip:	Country:		
Was an HTA Course Scho	olarship offered and a	accepted in lieu of	Facility Fee? Yes 📃 No 🗌		
If yes, name the person a	ttending the course:				
Facility Fee Total:	Facility Fee	Total Due by:			
Note: Final facility fees are mai	led 10 days prior to the c	lass start date unless	otherwise noted above)		
Deposit Amount (if required	): Depc	osit Due by:			
The deposit is refundable	Yes 🗌 No 🗌 T	he deposit will be a	applied to the total due Yes 🗌 No 🗌		
Make Check Payable to:					
Mail Check to (if different fro	m address above): Add	ress:			
City:	State:	Zip:	Country:		
Contract Type: Facility Re	ntal Agreement (Facil	lity Supplied) 🗌 🛛 🕻	<b>DR</b> HTA Facility Contract		
I have supplied the facility	with a copy of the H	TA Certificate of Ir	ısurance. Yes 🗌 No 🗌		
If facility requires to be list	ed as additionally ins	sured, the name or	n the Certificate should read as follows:		
Comments:					



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## Large Animal Class Facility

Name of Facility:		Website:				
Contact Person:		Phone:	Fax:			
Email:						
City:	State:	Zip:	Country:			
Was an HTA Course Scho	larship offered and	accepted in lieu of I	Facility Fee? Yes 📃 🛛 No 🗌			
If yes, name the person at	ending the course:					
Facility Fee Total:	otal: Facility Fee Total Due by:					
Note: Final facility fees are mail	ed 10 days prior to the c	class start date unless o	otherwise noted above)			
Deposit Amount (if required)	: Dеро	osit Due by:				
The deposit is refundable	Yes 🗌 No 🗌 T	he deposit will be a	pplied to the total due Yes 🗌 No 🗌			
Make Check Payable to: _						
Mail Check to (if different from	n address above): Add	lress:				
City:	State:	Zip:	Country:			
Contract Type: Facility Ren	ntal Agreement (Faci	ility Supplied) 🔲 🛛 🛛	R HTA Facility Contract			
I have supplied the facility	with a copy of the H	ITA Certificate of In	surance. Yes 🗌 🛛 No 🗌			
If facility requires to be liste	ed as additionally in	sured, the name on	the Certificate should read as follows:			
Comments:						