



FACILITY LOCATION RECORD

Course Information

Level(s): _____ Dates: _____

City: _____ State: _____ Country: _____

Coordinator Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Facility Information

- ALL 3 DAYS - held at same Location (only fill out Fundamentals section)**
- Introduction to Healing Touch/Fundamentals Class ONLY**
- Introduction to Healing Touch/Fundamentals Class AND Small Animal Class Facility are same**
- Large Animal Class ONLY**
- Bridging Animals to People Class**



Fundamentals Class Facility (If all 3 days are held at one facility, only complete this portion)

Name of Facility: _____ Website: _____

Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____ Country: _____

Was an HTA Course Scholarship offered and accepted instead of a Facility Fee? Yes No

If yes, name the person attending the course: _____

Facility Fee Total: _____ Facility Fee Total Due by: _____

Note: Final facility fees are mailed 10 days before the class start date unless otherwise noted above)

Deposit Amount (if required): _____ Deposit Due by: _____

The deposit is refundable Yes No The deposit will be applied to the total due Yes No

Make Check Payable to: _____

Mail Check to (if different from address above): Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contract Type: Facility Rental Agreement (Facility Supplied) **OR** HTA Facility Contract

I have supplied the facility with a copy of the HTA Certificate of Insurance. Yes No

If the facility requires to be listed as additionally insured, the name on the Certificate should read as follows: _____

Comments: _____



Small Animal Class Facility (Complete only if different from Intro to Healing Touch/Fundamentals Class Facility)

Name of Facility: _____ Website: _____

Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____ Country: _____

Was an HTA Course Scholarship offered and accepted instead of a Facility Fee? Yes No

If yes, name the person attending the course: _____

Facility Fee Total: _____ Facility Fee Total Due by: _____

Note: Final facility fees are mailed 10 days before the class start date unless otherwise noted above)

Deposit Amount (if required): _____ Deposit Due by: _____

The deposit is refundable Yes No The deposit will be applied to the total due Yes No

Make Check Payable to: _____

Mail Check to (if different from address above): Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contract Type: Facility Rental Agreement (Facility Supplied) **OR** HTA Facility Contract

I have supplied the facility with a copy of the HTA Certificate of Insurance. Yes No

If facility requires to be listed as additionally insured, the name on the Certificate should read as follows:

Comments: _____



Large Animal Class Facility (Complete only if different from Fundamentals or Small Animal location)

Name of Facility: _____ Website: _____

Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____ Country: _____

Was an HTA Course Scholarship offered and accepted in lieu of Facility Fee? Yes No

If yes, name the person attending the course: _____

Facility Fee Total: _____ Facility Fee Total Due by: _____

Note: Final facility fees are mailed 10 days prior to the class start date unless otherwise noted above)

Deposit Amount (if required): _____ Deposit Due by: _____

The deposit is refundable Yes No The deposit will be applied to the total due Yes No

Make Check Payable to: _____

Mail Check to (if different from address above): Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contract Type: Facility Rental Agreement (Facility Supplied) **OR** HTA Facility Contract

I have supplied the facility with a copy of the HTA Certificate of Insurance. Yes No

If the facility requires to be listed as additionally insured, the name on the Certificate should read as follows: _____

Comments: _____



Bridging Animals to People™ Class Facility

Name of Facility: _____ Website: _____

Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____ Country: _____

Was an HTA Course Scholarship offered and accepted in lieu of Facility Fee? Yes No

If yes, name the person attending the course: _____

Facility Fee Total: _____ Facility Fee Total Due by: _____

Note: Final facility fees are mailed 10 days prior to the class start date unless otherwise noted above)

Deposit Amount (if required): _____ Deposit Due by: _____

The deposit is refundable Yes No The deposit will be applied to the total due Yes No

Make Check Payable to: _____

Mail Check to (if different from address above): Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contract Type: Facility Rental Agreement (Facility Supplied) **OR** HTA Facility Contract

I have supplied the facility with a copy of the HTA Certificate of Insurance. Yes No

If facility requires to be listed as additionally insured, the name on the Certificate should read as follows:

Comments: _____