

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

FACILITY LOCATION RECORD

Course Information

Level(s):	Dates:					
	State:			Country:		
		<u>Coordinator</u>	Informa	ation		
Name:		Address:				
City:	S	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



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

Name of Facility:		We	Website:		
Contact Person:		Phone:	Fax:		
Email:					
City:	State:	Zip:	Country:		
Was an HTA Course Schola	arship offered and a	ccepted instead o	f a Facility Fee? Yes 📃 🛛 No 🗌		
If yes, name the person atte	ending the course: _				
Facility Fee Total:	Facility Fee	Total Due by:			
Note: Final facility fees are mailed	d 10 days before the cla	ass start date unless c	otherwise noted above)		
Deposit Amount (if required):	Depos	sit Due by:			
The deposit is refundable	Yes 🗌 No 🗌 Th	ne deposit will be a	applied to the total due Yes 🗌 No 🗌		
Make Check Payable to:					
Mail Check to (if different from	address above): Addr	ess:			
			Country:		
Contract Type: Facility Rent	al Agreement (Facili	ty Supplied)	R HTA Facility Contract		
I have supplied the facility w	vith a copy of the HT	TA Certificate of In	surance. Yes 🗌 No 🗌		
If the facility requires to be l	isted as additionally	insured, the name	e 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: Web			site:		
Contact Person:		Phone:	Fax:		
Email:					
City:	State:	Zip:	Country:		
Was an HTA Course Schola	arship offered and a	ccepted instead of	a Facility Fee? Yes 📃 🛛 No 🗌		
If yes, name the person atte	nding the course: _				
Facility Fee Total:	/ Fee Total: Facility Fee Total Due by:				
Note: Final facility fees are mailed	1 10 days before the cla	ass start date unless o	therwise noted above)		
Deposit Amount (if required):	Depos	sit Due by:			
The deposit is refundable	Yes 🗌 No 🗌 Th	ne deposit will be a	pplied to the total due Yes 🗌 No 🗌		
Make Check Payable to:					
Mail Check to (if different from	address above): Addr	ess:			
City:	State:	Zip:	Country:		
Contract Type: Facility Rent	al Agreement (Facili	ty Supplied) 🔲 O	R HTA Facility Contract		
I have supplied the facility w	vith a copy of the H⊺	TA Certificate of Inst	surance. Yes 🗌 🛛 No 🗌		
If facility requires to be listed	d as additionally ins	ured, the name on	the Certificate should read as follows:		
Comments:					



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

Name of Facility:	ne of Facility: Website:				
Contact Person:					
Email:					
City:	State:	Zip:	Country:		
Was an HTA Course Scho	larship offered and	accepted in lieu of F	acility Fee? Yes 🗌 No 🗌		
If yes, name the person at	tending the course:				
Facility Fee Total:	Facility Fee Total Due by:				
Note: Final facility fees are mail	ed 10 days prior to the	class start date unless o	therwise noted above)		
Deposit Amount (if required)	: Dep	osit Due by:			
The deposit is refundable	Yes 🗌 No 🗌 🗌	The deposit will be a	oplied to the total due Yes 🗌 No [
Make Check Payable to: _					
Mail Check to (if different from	n address above): Add	dress:			
City:	State:	Zip:	Country:		
Contract Type: Facility Rei	ntal Agreement (Fac	cility Supplied)	R HTA Facility Contract		
I have supplied the facility	with a copy of the H	HTA Certificate of Ins	urance. Yes 🗌 No 🗌		
If the facility requires to be	listed as additional	ly insured, the name	on the Certificate should read as		
follows:					
Comments:					





Bridging Animals to People™ Class Facility

Name of Facility: Websi			te:		
Contact Person:		Phone:	Fax:		
Email:					
City:	City: State:		Country:		
Was an HTA Course Schola	rship offered and a	accepted in lieu of	Facility Fee? Yes 🗌 🛛 No 🗌		
If yes, name the person atter	nding the course: _				
Facility Fee Total:	e Total: Facility Fee Total Due by:				
Note: Final facility fees are mailed	10 days prior to the cl	lass start date unless o	otherwise noted above)		
Deposit Amount (if required): _	Dеро	sit Due by:			
The deposit is refundable Y	'es 🗌 No 🗌 Th	he deposit will be a	applied to the total due Yes 🗌 No 🗌		
Make Check Payable to:					
Mail Check to (if different from a	address above): Addr	ess:			
City:	State:	Zip:	Country:		
Contract Type: Facility Renta	al Agreement (Facili	ity Supplied) 🗌 O	R HTA Facility Contract		
I have supplied the facility wi	th a copy of the H ⁻	TA Certificate of In	surance. Yes 🗌 No 🗌		
If facility requires to be listed	as additionally ins	sured, the name or	the Certificate should read as follows:		
Comments:					