

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

FACILITY LOCATION RECORD

		Course Information	
Level(s):	Dates:		
City:		State:	Country:

Coordinator Information

Name:	Addre	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 fill	out this part)
Name of Facility:	Website:		
Contact Person:	ontact Person:		Fax:
Email:			
Physical Address of Facility: _			
City:	State:	Zip:	Country:
Was an HTA Course Scholars	ship offered and	d accepted in lieu of Fa	acility Fee? Yes 📄 No 🗌
If yes, name the person atten	ding the course	:	
Facility Fee Total:	Facility Fee Total Due by:		
Note: Final facility fees are mailed 1	0 days prior to the	e class start date unless otl	herwise noted above)
Deposit Amount (if required):	Dep	posit Due by:	

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The deposit is refundable	Yes 🗌 No 🗌 T	he deposit will be	e applied to th	ne total due	Yes 🗌 🛛 No 🗌
Make Check Payable to:					
Mail Check to (if different from	address above): Add	ress:			
City:	State:	Zip:	(Country:	
Contract Type: Facility Rent	al Agreement (Facil	lity Supplied)	OR HTA F	acility Contra	ict
I have supplied the facility w	vith a copy of the H	TA Certificate of	Insurance. Y	es 🗌 🛛 No 🗌]
If facility requires to be listed	d as additionally ins	sured, the name	on the Certific	cate should re	ead as follows:
Comments:					
Small Animal Class Facilit	₩ (Complete only if dif	ferent from Intro to	Healing Touch/F	undamentals C	lass Facility)
Name of Facility:					
Contact Person:					
Email:					
Physical Address of Facility:					
City:					
Was an HTA Course Schola					
If yes, name the person atte	nding the course:				
Facility Fee Total:	Facility Fee	Total Due by:			
Note: Final facility fees are mailed	d 10 days prior to the c	lass start date unles	ss otherwise not	ed above)	
Deposit Amount (if required):	Dерс	osit Due by:			
The deposit is refundable	Yes 🗌 No 🗌 T	he deposit will be	e applied to th	ne total due	Yes 🗌 🛛 No 🗌
Make Check Payable to:					
Mail Check to (if different from					
City:	State:	Zip:	(Country:	
Contract Type: Facility Rent	al Agreement (Faci	lity Supplied)	OR HTAF	acility Contra	ict
I have supplied the facility w	ith a copy of the H	TA Certificate of	Insurance. Y	es 🗌 🛛 No 🗌	
If facility requires to be listed	d as additionally ins	sured, the name	on the Certific	cate should re	ead 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:				
City:	State:	Zip:	Country:	
Was an HTA Course Scho	larship offered and a	accepted in lieu of I	Facility 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 mai	led 10 days prior to the cl	lass start date unless o	otherwise noted above)	
Deposit Amount (if required): Depo:	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 fro	m address above): Addr	ess:		
City:	State:	Zip:	Country:	
Contract Type: Facility Re	ntal Agreement (Facili	ity Supplied) 🗌 🛛 O	R HTA Facility Contract	
I have supplied the facility	with a copy of the H	TA Certificate of In	surance. Yes 📃 🛛 No 📃	
If facility requires to be list	ed as additionally ins	ured, the name on	the Certificate should read as follows:	
Comments:				

Bridging Animals to People Class Facility

Name of Facility:		We	bsite:
			Fax:
Email:			
Physical Address of Facility:			
City:	State:	Zip:	Country:
Was an HTA Course Scholar	rship offered and	accepted in lieu of	Facility Fee? Yes 🗌 🛛 No 🗌
If yes, name the person atter	nding the course:		
Facility Fee Total:	Facility Fee	e Total Due by:	
Note: Final facility fees are mailed	10 days prior to the	class start date unless o	otherwise noted above)
Deposit Amount (if required): _	Dep	osit Due by:	
The deposit is refundable Y	es 🗌 No 🗌 📑	The deposit will be a	applied to the total due Yes 🗌 No 🗌
Make Check Payable to:			
Mail Check to (if different from a	address above): Add	dress:	
City:	State:	Zip:	Country:
Contract Type: Facility Renta	al Agreement (Fac	cility Supplied) 🗌 🛛 O	R HTA Facility Contract
I have supplied the facility wi	th a copy of the l	HTA Certificate of In	surance. Yes 📄 No 🗌
If facility requires to be listed	as additionally ir	nsured, the name on	the Certificate should read as follows:
Comments:			