



## 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 fill out this part)

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: \_\_\_\_\_

**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 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: \_\_\_\_\_

**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 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: \_\_\_\_\_