

Application Form for EGTI Training

To Apply/Enroll Please Print This Page; Fill Out Information and Return To Our Office; If you have trouble printing this form you might try copying and pasting this information into your "word" program.

You may also apply/enroll online, by phone or just email us!

Date: _____ Name: _____ Age: _____ Sex: _____

Address: _____

City/State: _____ Zip Code: _____

Country: _____

Email address: _____

Phone: _____ Fax: _____ Cell: _____

Desired Courses and Class Date/s: _____

Reasons for Attending Training Conference:

Horse Handling

Experience: _____

Other Training and

Education: _____

Deposit Amount Enclosed: _____ I am including \$175.00 for Text Book & Class Materials

Payment Options: We accept Only US Funds; Cash, Visa, Mastercard, Travelers Checks, Certified Funds, Guaranteed Bank Check/Money Order. Our goal is to provide quality education at economical prices.

Master Card or Visa #: _____ Expiration Date: _____ Security Code: _____

Please send me your text book and curriculum for study prior to attending: I have added \$175.00 to my deposit for these materials. Yes / No

If possible please provide us with the above information prior to attending our course.

Mail To: EGTI Inc., 2050 East Medicine Wheel Lane, King Hill, Idaho 83633 USA

To Enroll in Person Call Dale at: 208-869-1002 or Email Dale at: dalejeffrey@equinedentistry.com