



Class Enrollment

Mail Enrollment Form with payment to:

Horticultural Therapy Institute
P.O. Box 461189
Denver, Co. 80246.

Fax: 303-388-1914

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Evening Phone: _____

Email: _____

Enclosed is \$ _____ Check

____ Visa ____ MC Card# _____

Expiration date: ____/____ Security Code: _____

Lunch Preference if Applicable:

_____ Healthy Standard _____ Vegetarian

Name of class & location:

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No cash refunds will be given. Students who are unable to attend a class will be given credit towards future classes through the HT Institute. A \$125 processing and materials fee will be charged at the time of subsequent enrollment. Credit must be used within 12 months. If you cannot attend a course, notify us at 303-388-0500 as soon as possible as other students may be on a waiting list to attend the class. Class credits cannot be redeemed for cash.