



ABLEPaws
Community Partner of Pet Partners®

REGISTER TODAY! WORKSHOP
SEATING IS LIMITED.

PET PARTNERS COURSE – * NO ANIMALS PLEASE!

DATE & TIME:

COURSE DATE: _____
9:00 A.M. – 5:30 P.M.
REGISTRATION/CHECK-IN TIME: 8:30 A.M.

LOCATION:

ROSS HALL, 4TH FLOOR
UNIVERSITY OF ARKANSAS AT LITTLE ROCK
2801 S. UNIVERSITY, AVE
LITTLE ROCK, AR 72204.

COST:

\$60.00 – TO BE INCLUDED WITH REGISTRATION.
INCLUDED IN THE COURSE:

- RELEVANT HANDOUTS TO AIDE IN TRAINING
- LECTURE AND DISCUSSION
- DEMONSTRATIONS BY CURRENT PET PARTNER TEAMS INCLUDING MOCK EVALUATION.
- PREREQUISITE TO EVALUATION AND REGISTRATION AS A PET PARTNER TEAM
- NETWORKING OPPORTUNITIES WITH OTHERS INTERESTED AND INVOLVED IN ANIMAL ASSISTED ACTIVITIES AND THERAPY
- LIGHT BREAKFAST, LUNCH, DRINKS & SNACKS

FOR MORE INFORMATION CONTACT:

GEORGANN FREASIER, INSTRUCTOR
gfreasier@sbcglobal.net OR 501.590.2042.

6 (SIX) PEOPLE MINIMUM FOR COURSE TO MAKE.
MAXIMUM 12 STUDENTS.

7 BUSINESS DAYS PRIOR: CUT OFF
REGISTRATION OR CANCELLATION REFUNDS

PET PARTNER HANDLER COURSE
ABLEPAWS REGISTRATION FORM

YES, I'M READY! PLEASE REGISTER ME

NAME: _____

ADDRESS: _____

ZIP: _____(REQUIRED)

PHONE (MOBILE) _____

E-MAIL _____

ANIMAL:

SPECIES ; _____ BREED _____

AGE _____ GENDER: _____ NAME _____

YOUR PREVIOUS RELATED EXPERIENCE:

SPECIAL SESSION NEEDS: (FOR ANIMAL OR PERSON)

PAYMENT ENCLOSED AS FOLLOWS:

___ CHECK ___ MONEY ORDER
___ CHARGE

CARD TYPE: (VISA, MC, AMX, ETC):

ACCT. # _____

EXPIRATION DATE: _____

SECURITY CODE _____

SIGNATURE: _____

SEND OR EMAIL THIS FORM AND PAYMENT TO:
GEORGANN FREASIER, INSTRUCTOR
3014 VALLEY PARK DR.
LITTLE ROCK, AR 72212 OR
gfreasier@sbcglobal.net

[PET PARTNER VOLUNTEERS MAY NOT AFFILIATE WITH
OTHER ORGANIZATIONS THAT REGISTER THERAPY
ANIMAL TEAMS OR CHARGE A FEE WHEN PET PARTNERS
HAS A SIMILAR OFFERING]

I DO NOT CURRENTLY BELONG TO A SIMILAR
ORGANIZATION _____
(SIGNATURE)