

ENROLLMENT APPLICATION & ORDER FORM

Name:(first, last): _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Education (year in school or degree completed): _____

- I am enrolling as a new student (*One-time enrollment fee \$35; \$18 for Association members*)
- I am a continuing student
- I wish to take the New Horizons Advancement Level Test (\$20)

Are you a member of one of our association affiliates? Yes No

If Yes, circle one (AQHA, APHA, IAHA, or ApHC). Your membership # _____

Payment Information

Foreign Orders: Due to differences in exchange rates, only Money Orders and Credit Card payments can be accepted. Please indicate U.S. Funds.

- Cash or Money Order
- Check # _____
- VISA or MasterCard # _____ Exp. Date _____

Name of Cardholder (*please print*) _____

Signature _____ (*Signature of legal guardian if student is under 16*)

Please send the following items:

Item or Course #	Description	Price

Delivery Charge	
<i>For Order totaling: Add</i>	
\$20 or Under	\$3.50
\$20 - \$45	\$6.00
\$46 - \$100	\$9.00
\$101 & Up	\$12.50

Subtotal	
Add Delivery Charge	
Outside U.S. & Canada add \$6	
New Students, add \$35 (\$18 for Assn. members)	
Videos only	
TOTAL	

Thank You!

If you are sending a check in the mail, please send this completed form with your check to this address:

New Horizons EEC, Inc.
PO Box 246
Good Hope, GA 30641
Phone: (770) 266-0631