

**\* \* 2009 Community Health Evangelism (CHE) \* \***  
**Trainer of Trainers I (TOT I)**

Please place a check by the program in which you would like to make a reservation.

**MARION, NORTH CAROLINA**

- May 24 - 29**
- September 27 - October 2**

**SHAWNIGAN LAKE, VANCOUVER ISLAND, BRITISH COLUMBIA, CANADA**

- July 26- 31**

Appropriate Technology Institute (a ministry of Equip, Inc.)

Attention: Harold Bracken

PO Box 1126, Marion, NC 28752-1126

Ph: 828-738-3891 FAX: 828-738-3946

E-Mail to Harold Bracken: INTERNET:HaroldBracken@gmail.com

**Cost of Programs: US Course \$450.00, Canadian Course US dollars \$475.00**

(by check or money order or credit card)

**Deposit: \$225.00** (non-refundable) per person is needed for each reservation.

This will be applied to the cost of the program. **The balance is due four weeks before arrival.**

**Caution: Payment for courses cannot be made through our website.**

**The website is for charitable donations only.**

Checks should be made payable to Equip, Inc. Check memo: **CHE**

**PLEASE PRINT PLAINLY:**

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

First Name: \_\_\_\_\_ (as you want it to appear on a name tag) Age: \_\_\_\_\_ (Must be at least 18)

Address: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Country of Interest: \_\_\_\_\_

Organization You Represent: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Web site: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Health Insurance Carrier and Policy Number: \_\_\_\_\_

**Send photo-copy of Insurance ID card with registration form.**

Equip reserves the right to cancel the above program due to an insufficient number of participants. The minimum number of participants is ten (10). If it is canceled, the participants will be notified, and their funds returned.

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**If you are not arriving by car, please call us before making your travel arrangements so we can coordinate the times for pick-ups and drop-offs at the Asheville airport and Victoria, BC, bus station.**

**If you fail to do so, we cannot guarantee that someone will meet you.**

**Travel to North Carolina Program:**

**North Carolina:** Plan to arrive Sunday afternoon by 5:00 p.m. The course will end after lunch on Friday. If you are traveling by your own vehicle, you may leave after the last session. If you are needing airport drop-off service, plan to depart after the last session.

**\*\* Do you need to be picked up at the Airport?**       Yes       No  
 Date Of Arrival: \_\_\_\_\_  
 Airline: \_\_\_\_\_ Flight: \_\_\_\_\_ Time Of Arrival: \_\_\_\_\_

**\*\* Do you need to be taken to the Airport?**       Yes       No  
 Date Of Departure: \_\_\_\_\_  
 Airline: \_\_\_\_\_ Flight: \_\_\_\_\_ Time Of Departure: \_\_\_\_\_

\*\* The Asheville airport is the location we service in North Carolina the afternoon CHE begins.

**Travel to Canada Program:**

**Canada:** Plan to arrive at the Knoll by 6:00 p.m., the afternoon the course begins.

If you are traveling in your own vehicle, you may leave after the last session. If you are needing drop-off service, plan to depart that afternoon for the Victoria bus station.

**\*\* Do you need to be picked up at the Victoria Bus Station?**       Yes       No  
 Sunday, 4:00 p.m.

**\*\* Do you need to be taken to the Victoria Bus Station?**       Yes       No

\* When traveling to Vancouver Island by ferry or arriving at Victoria Airport in Sydney, make your own arrangements for a bus from the ferry dock or from the airport to the Victoria bus station. The Victoria bus station is the only location where we will pick-up/ drop-off attendees.

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

## Please retain this sheet for your information.

### North Carolina Program Location

The physical address of Equip is 126 Rock House Road, just off Mud Cut Road.

The Days Inn (828-659-2567) is located at I-40 and Hwy. 221 South in Marion, NC.

#### \* From the north - I-40.

\* The Farm is 6 miles from I-40.

\* Take exit 81 off I-40.

\* Head south on Sugar Hill Rd. In 4.5 miles Sugar Hill Rd. branches off to the right and the main road becomes Dink Cannon Rd.

\* Continue on Dink Cannon Rd. 1.4 miles till intersection with Mud Cut Rd.

\* Cross Mud Cut Rd. onto Rock House Rd.

\* Providence Farm is the 2nd drive on the right.

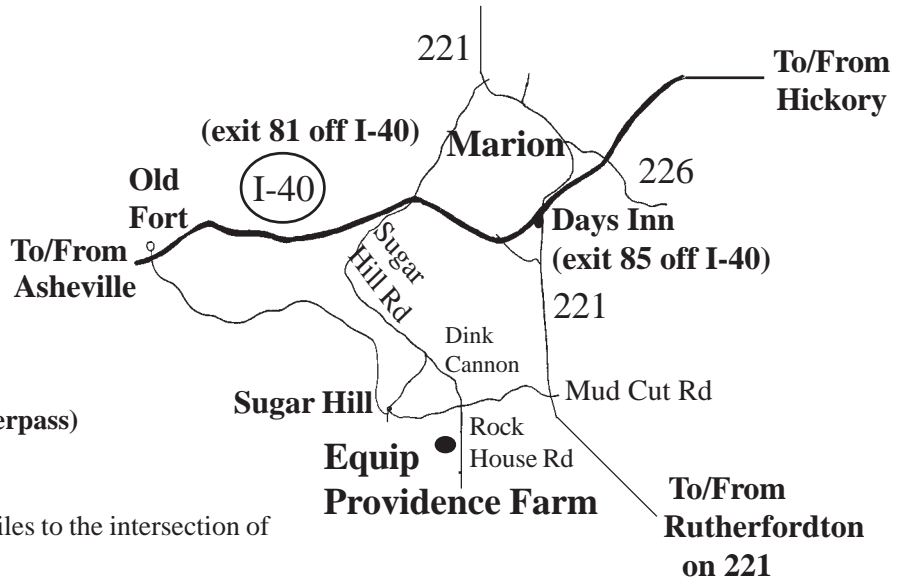
#### \* From the south - Rutherfordton (Rte. 64 overpass)

\* Take 221 north 15.1 miles to Mud Cut Rd.

\* Turn left onto Mud Cut Rd. and go 2.2 curvy miles to the intersection of Rock House, Dink Cannon and Mud Cut Rds.

\* Turn left onto Rock House Rd.

\* Providence Farm is the 2nd drive on the right.



### Canada Program Location

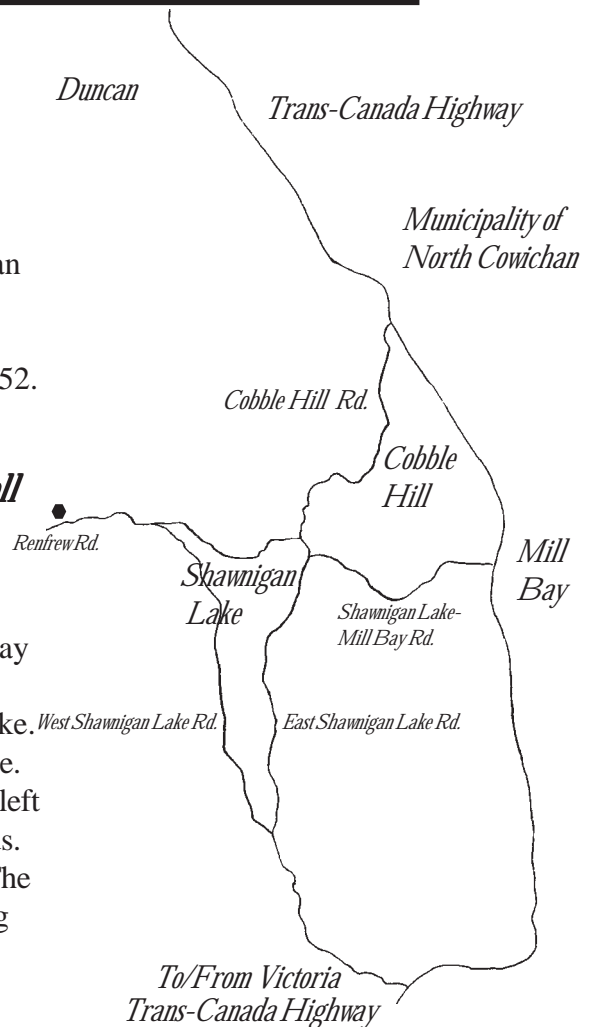
The physical address of the Knoll is 3239 Renfrew Rd., Shawnigan Lake, BC. (No mail can be received here.)

Equip Canada Ph: 250-743-7171 Fax: 250-743-0201

The phone number for people using retreat facilities is 250-743-7152.

Plan to arrive at The Knoll by 6:00 pm.

#### The Knoll



When leaving Victoria, travel north on the Trans-Canadian Highway towards Nanaimo. At the second traffic light in Mill Bay at the Shawnigan Lake - Mill Bay Road, turn left towards Shawnigan Lake.

After going about 6.5 km (4 miles) to the stop sign in Shawnigan Lake. Turn right on Shawnigan Lake Road. After about .7 km (.4 mile) bear left on to Renfrew Road. Go 6.8 km (4.25 miles) until the pavement ends. After another 1.25 km (.8 mile) on the gravel road, the driveway for The Knoll will be on the right. Look for the red reflective triangle hanging under The Knoll sign on the right hand side of the road.

CHARGE CARD AUTHORIZATION FORM

In order for us to accept and bill your charge card, please complete all fields, sign, date, and fax this form to 828-738-3946 or return via mail to

Equip, Inc.  
P.O. Box 1126  
Marion, NC 28752

**This information must be in writing. We cannot take it over the phone.**

Please provide the following information in connection with your course payment. All information kept on file is strictly confidential. **Please Print or Type as neatly as you possibly can.**

**Contact/Billing Information:**

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

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

**City, State, Zip:** \_\_\_\_\_

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

**E-mail address:** \_\_\_\_\_

**Credit Card Information**

**Credit Card Type: (circle one)**      **Visa**                      **MasterCard**                      **Discover**

**Credit Card Number:** \_\_\_\_\_

**3 Digit Card Security Code:** \_\_\_\_\_

**Amount:** \_\_\_\_\_      **Name of Equip Course/or Courses:** \_\_\_\_\_

**Expiration Date on card:** \_\_\_\_\_

**Approved for Payment**

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

**Printed Credit Cardholder Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Each payment will require a separate authorization form.**