



AERC Clinic Insurance Application

Name of Clinic: _____ *Dates of Clinic: _____

Names of all participating facilitators/clinicians. Include contact information and AERC membership number:

NAME	PHONE/EMAIL	AERC #
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NAME	PHONE/EMAIL	AERC #

- Clinic Type: One Day "Endurance 101" Un-mounted Clinic (enclose \$20 co-pay)
 One Day "Endurance 201" Mounted Clinic (enclose \$20 co-pay)
 Overnight "Endurance 201" Mounted Clinic (enclose \$50 co-pay)

Estimated Number of Participants _____

Clinic Address _____
STREET ADDRESS

_____ CITY _____ STATE _____ ZIP

Certificate Holders:

Name _____ Landowner or Facility (**Circle One**)
Address _____ City _____ State _____ Zip _____

Name _____ Landowner or Facility (**Circle One**)
Address _____ City _____ State _____ Zip _____

Payment enclosed: Check Visa/Mastercard: _____ Exp. ____/____

*Insurance application requests will be processed in the order they were received. Submit to the AERC office at least 30 days prior to the clinic for processing. If you wish to have clinic information placed in Endurance News, 60 days notice is required; please include a clinic flyer or additional contact information for EN notice.

This clinic insurance is provided by Equisure, Inc., an insurance agency, in cooperation with AERC.

AERC • P.O. Box 6027 • Auburn, CA 95603 • 866-271-2372 • Fax 530-823-7805 • www.aerc.org • aerc@foothill.net