



Oregon Horse Association

Presents

Intro to Essential Oils: Chemistry and Applications for Equine Therapy

Sunday, October 19, 2008

2 - 4 PM

Clinician: Michelle E. Discher

Michelle graduated from an accredited occupational therapy program at UW Fox Valley and passed the medical certification exam to practice occupational therapy and is a licensed COTA. Later, Michelle graduated from Asia Pacific College in Hong Kong, China in massage and aromatherapy with a strong focus on acupressure, kinesiology and Traditional Chinese Medicine (TCM).

She has over 16 years experience applying occupational therapy in addition to working with essential oils for 10 years (certified aromatherapist 7 years). She is currently the only ergonomic specialist at the University of Wisconsin- Madison and one of the few certified aromatherapists in WI. In addition, Michelle is completing her student teaching for the NARHA therapeutic riding instructor program and hippotherapy to work with students (children-adult) that have physical, behavior and cognitive issues.

Participants will:

- Receive a booklet with 9 *equine recipe* blends
- Learn about Equine Aromatherapy
- Learn Qualities of Essential Oils: Potency and Purchasing
- Learn Oil Blends
- Learn how to Administer/ Apply Essential Oils
- Learn Basic Essential Oil Chemistry (on oils in recipes)

Fee: \$10/ Adult
\$5/ OHA Member and 4-H Members

Location: Lower Level of Park West I
406 Science Dr.
Madison, WI 53711

Directions: From the Beltline going west take the Whitney Way exit towards Westgate Mall. At the intersection of Whitney Way and Mineral Point turn right. The first right will be Science Dr. and then the first drive will be Park West #406.

Registration: Pre-registration is encouraged
Checks payable to Oregon Horse Association
Questions or to pre-register call Carrie at 608-206-5676

For registration form and more information about the Oregon Horse Association - visit:
<http://www.oregonhorseassociation.org>

OHA Clinic Registration Form

Print this page, fill out and send with fee to:

ATTN: Carrie Waters Schmidt 5653 Lacy Rd., Fitchburg, WI 53711

Print Name: _____ Grade (if Youth) _____

Clinic applying for: _____

Registrations will be taken in the order received only when accompanied with appropriate fee. Clinic registration confirmation will be confirmed prior to clinic.

Street Address: _____ Phone: () _____

City, State: _____ Zip code: _____

E-mail address: _____

4-H member? (circle) Yes or No. If Yes, Club name: _____

I am interested in joining OHA, please send me more information (circle) Yes or No

Enclosed is my entry fee: \$ _____ **Adult** \$ _____ **OHA Member** \$ _____ **4-H Member**

Total enclosed: \$ _____