

Registration Form and Payment Information Sheet

Student must complete form & sign and submit with one of the following:

- 1) Fax to: 805-299-4563 2) Scan & email to srcwinc@me.com 3) Mail to address above
AND call Trainer that is listed on class flyer or website calendar

Please PRINT CLEARLY using BLUE or BLACK ink, information will be listed on class certificate as provided below

Date of Training: _____ Trainer: _____

Class Address: _____

Print Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

****Do you wish to be listed for referrals on the WINC™ Website?** – No Yes (name, phone, city, state only)

Phone Listed for Referrals: _____ Fax: _____

Email: (Email REQUIRED to receive e-newsletter) _____

Languages other than English: _____

Referred by/from: _____

Notes:

BACKGROUND KEY

- | | | |
|---|--|--|
| <input type="checkbox"/> Nurse Practitioner (NP) | <input type="checkbox"/> Massage Therapist (CMT) (LMT) | <input type="checkbox"/> Social Services (LCSW) (MSW) |
| <input type="checkbox"/> Physician (PhD, MD, ND, OD) | <input type="checkbox"/> Physical Therapist (PT) | <input type="checkbox"/> Early Child Interventionist (ECI) |
| <input type="checkbox"/> Registered Nurse (RN) (LVN) | <input type="checkbox"/> Occupational Therapist (OT) | <input type="checkbox"/> Childbirth Educator (CE) (LC) |
| <input type="checkbox"/> Early Childhood Educator (ECE) | <input type="checkbox"/> Other: _____ | |

Certified Infant Massage Instructor Class:

		<u>Amount</u>	<u>Total</u>
Class Registration Fee*:	check, cash, or credit card	\$ _____	\$ _____
CIMI Class Textbook:	Black & White _____	\$ 75	\$ _____
	Color _____	\$ 145	\$ _____
CEH Certificate for NCBTMB, Board of Reg. Nurses, CE Broker (enter info on next line)	_____	\$ 25	\$ _____

CEH Info: License Number: _____ State: _____ Type: _____

No I do not need CEH certificate

Total Fee Amount: \$ _____

Required Class Materials* – (These are not included in the Registration Fee)

- Demonstration Doll** (You may purchase the Demonstration Doll at any local store) 20" soft-body/hard hands and feet (any brand that allows flexibility for stroke demonstration, i.e. LaBaby Doll); **Optional:** mat for floor work; baby blanket, pillow
- CIMI™ Class Textbook** (see above for ordering)

Payment Method:

Check: Check # _____ (Mail to Infant Massage WINC office at address above)

Credit Card: MasterCard, Discover, VISA, or American Express (to pay by phone call 805.644.8524)

_____, Exp. Date _____, CCV code: _____

Name on Credit Card: _____ Street Address: _____

City: _____, State: _____, Zip: _____

We train and certify Certified Infant Massage Instructors, CIMIs®, who in turn teach parents and primary caregivers to massage their babies. We teach our instructors to demonstrate on a doll so that parents are involved in the bonding process, there is no hands-on massage from the instructor.

By signing this form it is acknowledged that **there are no refunds under any circumstances, if unable to attend selected class I will be able to reschedule to any available WINC™ class of my choosing. Classes may be subject to rescheduling.** Also, the above-fees do not include expenses to complete the training including, without limitation, food, travel and lodging.

Signed: X _____ CIIT initials if registration by phone: _____