International Association of Infant Massage – IAIM® d/b/a
World Institute for Nurturing Communication, WINC™
Mailing Address: PO Box 6370 • Ventura, CA 93006
Communications/Marketing 805.644.1066 • **Fax** 805.830.1729 • www.winc.ws or www.iaim.ws • Administration/Finance 805.644.8524

Registration Form and Payment Information Sheet

REGISTRATION: Student must fill out entire form and fax (or mail with payment) to: 805-830-1729
PAYMENT: Please sign and **fax** to: **805.830.1729 –or– mail to IAIM® address above**
Please PRINT using **BLUE** or **BLACK ink**

We train and certify *Certified International Instructor Trainers, CIIT™,* who in turn certify instructors to teach parents and primary caregivers to massage their babies. We teach our trainers and instructors to demonstrate on a doll so that parents are involved in the bonding process.

Date of Training: _____ Trainer: _____

Class Address: _____

Print Name: _____

Home Address: _____City: _____State: _____Zip: _____

Telephone/Cell/Fax: _____

Email: _____

Profession & Certifications: _____

Certified International Instructor Trainer (CIIT) Class: ❒ Class Registration Cost: **$**_____

Payment Method:

Check : Check #_____(Mail to IAIM® Office at address above)

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

____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____. Exp. Date _____

Credit Card Billing Address (if different from above) City: _____State: _____ Zip: _____

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 IAIM® 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_____