

Certification Renewal Form

Please correct and/or complete the following and return entire form to office
(make copy for your records if needed)

Infant Massage WINC
PO Box 2447
Ventura, CA 93002



Infant Massage WINC, World Institute for Nurturing Communication

d/b/a for International Association of Infant Massage -- IAIM®

The original IAIM® organization – origin 1970s, incorporated in the USA since 1986

Web: www.infantmassagewinc.com e-mail: srcWINC@me.com Fax: 805.299.4563 Ph: 805.644.8524

It's Time to Renew!

Name: _____
Street: _____
City, State, Zip: _____

IMPORTANT NOTE: To receive newsletters and announcements a current email address is required. Renewals will continue to be sent via US postal service.

Opted out email: _____

If there is an "opted out email" listed above, you have chosen in the past to opt-out of receiving WINC emails. If you opted out in error or wish to continue you must submit a different email address below.

E-Mail Address: _____

Referral Phone: _____
Alt. Phone: _____
Fax: _____
Languages (other than English): _____

1. WINC™/IAIM® Certification #: _____
2. Professional Background (optional, not listed on card, database info only): _____
3. Approx. number of families taught (information used for grants and research study)? Current Year: _____
4. Do you wish to be listed on the Infant Massage WINC Website for referrals? Name • Phone for Referrals • City & State
 Yes, ADD/continue FREE IAIM®/WINC™ Website Referral Listing Please Initial: X _____
 No, do not wish to be listed on website. Please Initial: X _____

CURRENT members only are authorized to teach copyrighted IAIM®/WINC™ programs and use our trademarks 'CIMI®' & 'IAIM®'

Annual registration with Infant Massage WINC/IAIM		Renewal Fee:	\$85.00	\$85.00
Donation (tax deductible)	Thank you for your donation and commitment to this work.	Optional Any Amount	\$	
Color 2017 CIMI® Manual Replacement	\$125 value, save \$30 w/renewal only (outside continental USA \$115)	\$95	\$	
Black & White 2017 CIMI® Manual	(outside continental USA \$85)	\$65	\$	
CIMI® Teaching Tools - delivered by email	Parent Certificates	\$25	\$	
** Please note design subject to change**	Fact Sheets	\$35	\$	
	Brochure	\$40	\$	
	Parent Handouts	\$30	\$	
All 4 Tools - (\$130 VALUE) Save \$25 *w/renewal only	All 4 – certificates, fact sheets, handouts, & brochure	\$105	\$	
Business Cards (see back for details – Mailed)	<input type="checkbox"/> Premium \$145 (500) / <input type="checkbox"/> Standard \$70 (100)	\$145/\$70	\$	
CIMI® PowerPoint® (PDF file format) (see back of sheet for list of titles) (delivered by email only)	Check Choice (see back of sheet): (#1-#5 other items) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 14B <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	\$40.00 each	\$40 x ____ =	\$
Buy 3+ & save! (\$120 VALUE) Save \$25 w/each set of 3 **w/renewal only	Any 3 PowerPoints in multiples of 3 w/renewal	\$95	\$95 x ____ =	\$
\$20 Website Annual Enhanced Referral Listing (free listing below)	200 character limit (Use separate sheet or email information)	\$ 20.00	\$	

TOTAL Amount Enclosed \$ _____ USD

We provide 4 convenient ways for you to renew:

- Call the office to renew by credit card: 805-644-8524
- On-line at www.infantmassagewinc.com by credit card (click on "CIMI/CIIT Renew & Tools")
- Mail form with check or credit card info to: Infant Massage WINC • PO Box 2447 • Ventura CA 93002
- Fax form with credit card info to: 805-299-4563

A. Check \$ _____ made payable to: **Infant Massage WINC**. Check #: _____
Please write Certification Number on check. Your canceled check is your receipt.

B. (Visa/MasterCard/Amex/Discover) _____ - _____ - _____

Credit Card Signature: _____ Exp. Date: _____ CVV code: _____
(Credit Card Receipt is sent by email, Renewal pending credit card approval)

Credit Card BILLING Address (if different from Mailing Address)
Street: _____
City: _____ State: _____ Zip: _____

OFFICE USE ONLY

Credit Card: Process

Enter: Deposit
 Web yes
 Database

Tools → Email PDF
 Mail manual

Form DE2016