Infant Massage WINC, World Institute for Nurturing Communication
Mailing Address: 35 W Main St Ste B #392 • Ventura CA 93001 • Phone: 805-644-8524 • Fax: 805-299-4563 • Web: www.InfantMassageWINC.com

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 4) Call Teacher at number listed below/flyer/website Please PRINT CLEARLY using BLUE or BLACK ink, information will be listed on class certificate as provided below

Date of Training:					
Trainer Name:	Trainer Phone:				
Training Address:					
Print Student Name:					
Mailing Address:					
City:		St	ate:	Zip:	
Phone:	Fax:	Email:			
Website Listing for Referrals	: 🗇 Phone 🛛 Ema	il 🛛 Do not list on we	bsite (default)		
Languages other than English:					
Location of Posted Flyer:					
Referred by/from:					
BACKGROUND KEY					
Nurse Practitioner (NP)	Massage Ther	Massage Therapist (CMT) (LMT) Social Services (LCSW) (MSW)			
Physician (PhD, MD, ND, OD)	Physical Therapist (PT) Early Child Interventionist (I		terventionist (ECI)		
Registered Nurse (RN) (LVN)	Occupational	Occupational Therapist (OT) Childbirth Educator (CE) (LC)			
Early Childhood Educator (ECE)	🗖 Other:	Other:			
Certified Infant Massage Instruct	or & CIIT Class:		Amou	nt <u>Total</u>	
Class Registration Fee*:	check, cash, or credit card		<u>\$</u>	\$	
CELL Contificate for NCDTA	CIMI Class Textbo			\$	
CEH Certificate for NCBTN CEH Info: License Number		te: Type:	e),optional \$ 35		
□ No I do not need CE					
			Total Fee Amount:	\$	
Required Class Materials* – (These					
<ol> <li><u>1. Demonstration Doll</u> (You ma allows flexibility for stroke demonstrat</li> <li><u>2. CIMI™ Class Textbook (see a</u>)</li> </ol>	ion, i.e. LaBaby Doll); Opti			feet (any brand that	
Payment Method:					
Zelle: Send to: wincs@me.com Check: Check #	(Mail to Infant Massage V	VINC office at address above)			
<u>Credit Card</u> : MasterCard, Discover, VIS		-			
<u></u>	-	-	. Exp. Date	CVV code:	
Name on Credit Card:					
City:		State:	Zip:		
We train and certify Certified Infant Mass instructors to demonstrate on a doll so that					
By signing this form it is acknowledged that <u>available WINC<sup>™</sup> class of my choosing. Class</u> without limitation, food, travel and lodging.	ses may be subject to resche				
Signed: X	CIIT initials if registration by phone:				
Notes:				OFFICE USE ONLY.	