Infant Massage WINC, World Institute for Nurturing Communication Mailing Address: PO Box 2447 • Ventura CA 93002 • 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:				
ainer Name:Trainer Phone:				
Training Address:				
Print Student Name:				
Mailing Address:				
City:				Zip:
Phone:	Fax:	Email:		
Website Listing for Referrals:	☐ Phone ☐ Email	I ☐ Do not list on websi	te (default)	
Languages other than English:				
Referred by/from:				
BACKGROUND KEY				
☐ Nurse Practitioner (NP)	☐ Massage The	rapist (CMT) (LMT)	☐ Social Services (LCSW) (MSW)	
☐ Physician (PhD, MD, ND, OD)	Physical Thera	apist (PT)	☐ Early Child Interventionist (ECI)	
☐ Registered Nurse (RN) (LVN)	Occupational	l Therapist (OT)	☐ Childbirth Educator (CE) (LC)	
☐ Early Childhood Educator (ECE)	☐ Other:			
Certified Infant Massage Instruct	or Class:			Amount Total
Class Registration Fee*: CIMI Class Textbook:	check, cash, or credit	t card es " Parent Handouts "	<u>\$</u> \$	\$\$ \$ 175 \$
		es, CE Broker (enter info on next		
CEH Info: License Number	: St	tate: Type:		
☐ No I do not need CE	H certificate			
			Total Fee Ar	nount: \$
Required Class Materials* – (These 1. Demonstration Doll (You may allows flexibility for stroke demonstrati 2. CIMI™ Class Textbook (see all	purchase the Demonstration on, i.e. LaBaby Doll); Opti	on Doll at any local store) 20" soft-	•	
Payment Method: Check: Check # Credit Card: MasterCard, Discover, VIS		WINC office at address above) to pay by phone call 805.644.8	524)	
			Exp. Date	CVV code:
Name on Credit Card:		Street Address:		
City:				
We train and certify Certified Infant Masse instructors to demonstrate on a doll so that				
By signing this form it is acknowledged that <u>available WINC™ class of my choosing. Class</u> without limitation, food, travel and lodging.				
Signed: X	CIIT initials if registra			ls if registration by phone:
Notes:				OFFICE USE ONLY O Process O O QB

O Forms to Trainer, CIIT
O Mail Textbook