**Infant Massage WINC, W**orld **I**nstitute *for* **N**urturing **C**ommunication
**Mailing Address:** PO Box 1214 • Ventura CA 93002-1214 • **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: _____ State: _____ Zip: _____

**Phone:** _____ Fax: _____ **Email**: _____

**Website Listing for Referrals: ❒ Phone ❒ Email ❒ Do not list on website (default)**

**Languages** other than English: _____

**Location of Posted Flyer:** _____

**Referred by/from:** _____

**BACKGROUND KEY**

❒ Nurse Practitioner (NP) ❒ Massage Therapist (CMT) (LMT) ❒ Social Services (LCSW) (MSW)

❒ Physician (PhD, MD, ND, OD) ❒ Physical Therapist (PT) ❒ Early Child Interventionist (ECI)

❒ Registered Nurse (RN) (LVN) ❒ Occupational Therapist (OT) ❒ Childbirth Educator (CE) (LC)

❒ Early Childhood Educator (ECE) ❒ Other: _____

| **Certified Infant Massage Instructor & CIIT Class:** | | **Amount** | **Total** |
|---|---|---|---|
| Class Registration Fee*: | **check, cash, or credit card** | $_____ | $_____ |
| | CIMI Class Textbook _____ | $ 175 | $_____ |
| **CEH Certificate** for NCBTMB, Board Reg. Nurse, CE Broker (enter info on next line), **optional** | | $ 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)

**1. 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

**2. 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 _____ CVV 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: _____

**Notes:**

OFFICE USE ONLY (0322)

❍ Process ❍ ❍ QB

❍ Forms to CIIT

❍ Mail Textbook