

**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](mailto:srcwinc@me.com)    3) Mail to address above  
**AND** call Trainer that is listed on class flyer or website calendar

**Please PRINT CLEARLY using BLUE or BLACK ink, information will be listed on class certificate as provided below**

Date of Training: \_\_\_\_\_ Trainer: \_\_\_\_\_

Class Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (List on website for referrals  Yes  No): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: (Email required to receive receipts/e-newsletters) \_\_\_\_\_

Languages other than English: \_\_\_\_\_

Referred by/from: \_\_\_\_\_

**Notes:**

**BACKGROUND KEY**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Nurse Practitioner (NP)        | <input type="checkbox"/> Massage Therapist (CMT) (LMT) | <input type="checkbox"/> Social Services (LCSW) (MSW)      |
| <input type="checkbox"/> Physician (PhD, MD, ND, OD)    | <input type="checkbox"/> Physical Therapist (PT)       | <input type="checkbox"/> Early Child Interventionist (ECI) |
| <input type="checkbox"/> Registered Nurse (RN) (LVN)    | <input type="checkbox"/> Occupational Therapist (OT)   | <input type="checkbox"/> Childbirth Educator (CE) (LC)     |
| <input type="checkbox"/> Early Childhood Educator (ECE) | <input type="checkbox"/> Other: _____                  |  |

**Certified Infant Massage Instructor Class:**

		<b>Amount</b>	<b>Total</b>
Class Registration Fee*:	check, cash, or credit card	\$ _____	\$ _____
CIMI Class Textbook:	<b>Black &amp; White</b>	\$ 75	\$ _____
	<b>Color</b> (includes Parent Handout Teaching Tool)	\$ 175	\$ _____
CEH Certificate for NCBTMB, Board of Reg. Nurses, CE Broker (enter info on next line)		\$ 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: \_\_\_\_\_