International Association of Infant Massage – IAIM® d/b/a
World Institute for Nurturing Communication, WINC™
Mailing Address: PO Box 6370 • Ventura, CA 93006
Communications/Marketing 805.644.1066 • **Fax** 805.830.1729 • www.winc.ws or www.iaim.ws • Administration/Finance 805.644.8524

Registration Form and Payment Information Sheet

REGISTRATION: Student must fill out entire form and fax (or mail with payment) to: 805-830-1729
PAYMENT: Please sign and **fax** to**: 805.830.1729 –or– mail to IAIM® address above**
Please PRINT using **BLUE** or **BLACK ink**

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.

Date of Training: _____ Trainer: _____

Class Address: _____

Print Name:_____

Home Address: _____City: _____State: _____Zip:_____

Telephone/Cell/Fax:_____

Email:_____

Profession & Certifications: _____

Certified Infant Massage Instructor Class: ❒ Class Registration Cost: **$**_____

Required Class Materials – (These are **not** included in the Registration Fee)
You may purchase the books and La Baby doll 20" demonstration doll by clicking on "**IAIM Req'd Class Material**" button on left side of IAIM web site www.iaim.ws. *(You may also purchase at local bookstore or toy store)*

Required Demonstration Doll
1. **La Baby Doll -** 20" soft-body/hard hands and feet (any brand that allows flexibility for stroke demonstration)

Recommended Reading
2. **The Biology of Belief -** Dr. Bruce Lipton
3. **Touch -** Tiffany Field
4. **Baby Massage – The Calming Power of Touch** Dr. Alan Heath/Nicki Bainbridge

Payment Method:

Check : Check #_____(Mail to IAIM® Office at address above)

Credit Card: MasterCard, Discover, VISA, or American Express **(to pay by phone call 805.644.8524)**

____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____. Exp. Date _____

Credit Card Billing Address (if different from above) City: _____State: _____ Zip: _____

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 IAIM® 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_____

For additional class materials go to our affiliate links button on www.iaim.ws and click on "Teaching Supplies" Link Button