

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

- | | | |
|---|--|--|
| <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 & CIIT Class:

		<u>Amount</u>	<u>Total</u>
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		\$ 35	\$ _____

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:

Zelle: Send to: wincs@me.com

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.

- Process QB
 Forms to CIIT
 Mail Textbook