

# Certified Educator of Infant Massage Training

## Registration Form

Training Date \_\_\_\_\_ Training Location \_\_\_\_\_

Name \_\_\_\_\_

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

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

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

### Background and Experience

Please select the applicable areas and indicate how long you have been involved in each field.

Nursing \_\_\_\_\_ Physical Therapy \_\_\_\_\_

Parent Ed. \_\_\_\_\_ Occupational Therapy \_\_\_\_\_

Childbirth Ed. \_\_\_\_\_ Social Work/Counseling \_\_\_\_\_

Early Childhood Ed. \_\_\_\_\_ Infant Mental Health \_\_\_\_\_

Massage Therapy \_\_\_\_\_ Special Education \_\_\_\_\_

Other \_\_\_\_\_

**Training Fee: \$625 (Received by August 9) \$650 (Late registration)**

Submit registration form and training fee (check, Visa or MasterCard) by to:

Family Nurturing Center of NC  
146 Windover Drive  
Asheville, NC 28803  
Fax: 828-650-6625

If paying by credit card, please provide the following information:

Visa/MasterCard # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Amount charged: \_\_\_\_\_