

**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 2 weeks prior to training) \$650 (Late registration)**

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

Family Nurturing Center of NC  
146 Windover Drive  
Asheville, NC 28803

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

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

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