



Loving Touch® Certified Infant Massage Instructor Training

2-Day Training Registration Form
Denver, CO

Please submit the following when applying:

- 1) One recommendation/character reference letter from a health care professional or professional supervisor/peer recommending you to this program.
2) One personal letter explaining why you want to learn and teach the Loving Touch® Parent-Infant Massage Program (150-200 words)

*Required Fields

*Registrant Name

*Today's Date

*Professional Background/Degrees

Agency Affiliation if Applicable

*Address

*City

*State

*Zip

*Phone (Cell / Home / Work)

Alternate Phone (Cell / Home / Work)

*E-mail Address

Registration Options

- Early Registration \$500: Check this box if you are registering 30 days or more in advance of the course. We must receive your registration and payment in full 30 days before the start of the course.
Registration \$600: Check this box if you are registering less than 30 days in advance. A deposit of \$300 is required at the time of registration.

Total Due: _____

Payment made today: _____

Payment Options

Please make checks payable to: Amaryllis Therapy Network, Inc.

Payment by credit card: Visa/MC/Discover Card # _____

Name on Card

Card Expiration Date

Security Code (3-digit code)

Complete Billing Address (if different than above)

Signature

Please mail or fax your registration to:
Amaryllis Therapy Network, 4704 Harlan St., Suite 200 Denver, CO 80212
Phone 303-433-0852 / Fax 303-477-9223
(PLEASE READ CANCELLATION/REFUND POLICY)