



Certified Infant Massage Instructor Training
Loving Touch® Parent Infant Massage Program
at Amaryllis Therapy Network
2-Day CIMI® Registration Form

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)
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***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 please check here if you do NOT want to be added to the Amaryllis mailing list

Registration Options

Early Registration \$450: 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 \$550: Check this box if you are registering less than 30 days in advance. A deposit of \$250 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

Fax this form to 303-477-9223 or mail to Amaryllis Therapy Network, 2680 18th St., Suite 150A, Denver, CO 80234

PLEASE READ CANCELLATION/REFUND POLICY

www.amaryllistherapy.net or call 303-433-0852