



Register Online
www.lovingtouch.com
1-800-929-7492

Submission Date _____

2008 Application for Loving Touch® Certified Infant Massage Instructor CIMI® Training *Education & Professional Development*

- 1) A minimum of one letter of recommendation from a health care professional or professional supervisor/peer recommending you to this program.
- 2) A 150-200 word personal letter explaining why you want to learn and teach the Loving Touch® Parent-Infant Massage Program.
- 3) Supplies Needed. Students are required to bring a doll to training + required Reading Materials.

PLEASE PRINT OR TYPE

Location of Training/Dates : _____ (Location) _____ (Dates)

Name _____ (Agency or Affiliation if applicable)

Address _____

City _____ State _____ Zip _____ - _____

Country _____ Postal Code _____

Phone (B) _____ (H) _____

Email : _____ Fax : _____

Professional Education/Degrees held _____

Make checks payable to: International Loving Touch Foundation, Inc.
\$100 early registration discount if paid in full 30 days before training.

Registration: \$595 (No Supplies) _____ Early Registration: \$495 (No Supplies) _____

Registration with Supplies: \$695* _____ Early Registration with supplies: \$595* _____

Choose a Doll: White: _____ Af/Am: _____ Hispanic: _____ Asian: _____ *Add \$3.00 when selecting an Asian doll.

DEPOSIT: \$225 _____ (Deposit goes towards registration, balance must be paid in full before training.)

If ordering supplies separately:

Required Books: _____ (\$60.90) Required Doll: White: \$36.00 _____ African Am: \$36.00 _____

S & H is 16% of total supplies or \$10.00 whichever is greater. Hispanic: \$36.00 _____ Asian: \$39.00 _____

Total Amount enclosed : \$ _____ Check # _____ Pre-Authorized PO # _____

Visa/MC/Discover/AmX # _____ exp : _____

Name on Card _____ Signature _____

Send to: International Loving Touch Foundation, Inc.
PO Box 16374 • Portland, OR 97292-0374

Phone : (503) 253-8482
Fax : (503) 256-6753