

International Association of Infant Massage - Canada



**Certified Infant Massage Training
Registration Form**

Dates: from March 12th – to March 15th, 2007
***Victoria or Cowichan Valley**

Name _____ Phone _____

Address _____ Fax _____

_____ E-mail _____

Be sure to enclose with your registration form:

- ✓ A short paragraph explaining why you wish to teach Infant Massage
- ✓ One brief letter or reference

Please contact me if you are **interested** in this training. The location and fee will be determined and this information will be sent to you.

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Vancouver Island
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