



# IAIM Training Course Refresher Day REGISTRATION FORM

Date of Training:

Training Location:

Membership Number:

Home Address:

First Name:

Surname:

Home Telephone:

Mobile:

Postcode:

Email:

### IAIM Original Training Details

Trainer .....

Date of Training ..... Location .....

### About You

Are you an independent instructor? YES  NO  *Please check the relevant box.*

Do you teach infant massage courses as part of your job? YES  NO  *Please check the relevant box.*

When did you last teach an infant massage course? .....

What is your job? .....

In what setting do you work? .....

### Further Information

Is there anything else, not included in the Programme, you would particularly like to cover during the day?

### Dietary Requirements

Please state here if you have any special dietary requirements:

### Instructor Manual

Do you need a new copy of the IAIM Instructor Manual @ £10 each YES  NO  *Please check the relevant box.*

**Please bring payment with you on the day of the Course (cash or cheque payable to IAIM UK Chapter).**