

**Infant Massage Workshop**  
**Registration Form**  
**Prenatal or Postnatal w/baby Welcome**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Estimated Due Date: \_\_\_\_\_

Date of Workshop Attending: \_\_\_\_\_

**Please return form with \$50.00 payment no later than 2-weeks prior to workshop. (There is a \$10.00 charge for any cancellation with less than 24 hr. notice or non-attendance for date registered.)**

**Name on Card:** \_\_\_\_\_

MC/Visa/Amex Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Amount: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Signature: \_\_\_\_\_

*Check or Money Order to:*

Debra Geymayr  
P.O. Box 143663  
Miami , FL 33114

***For further registration information please contact Debra at 305-279-1322***