

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 \$25.00 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