

Return Renewal Form to:

Certification Renewal Form



IAIM®
P.O. Box 6370
Ventura, CA 93006

Please complete the following and return entire form (make copy for your records if needed):

Business Name (if required): _____
Name: _____
Mailing Address: _____

Phone: _____
Fax: _____
Languages (other than English): _____

Approx. number of families taught over the past year (information used for grants and research study)? _____

IAIM® Membership #: _____

IAIM® Status: CIMI® Supporting

Background (optional, not listed on IAIM® card, for informational purposes only): _____

Please allow 4-5 weeks for processing.

CURRENT members only are authorized to teach copyrighted IAIM®/WINC™ programs and use our trademarks 'CIMI®' & 'IAIM®'

Donation (tax deductible)	Thank you for your commitment to all the parents and babies of the world.	\$ _____	\$ _____
Annual registration with IAIM®/WINC™	Renewal Fee:	\$85.00	\$85.00
* COLOR* Revised Dec. 2009 CIMI® Manual ***all new stroke section***	(outside continental USA \$90)	\$80.00	\$ _____
Complete revision of strokes **NEW STROKE PICTURES in COLOR** with the addition of accompanying poems and songs. Revised format for teaching ease. NEW Section with adaptations for newborns New format to fit 3-ring binder (binder not included) to easily allow for inserts & changes			
* B&W* Revised Dec. 2009 CIMI® Manual <small>The manual is best when printed in Color but this B&W version is available as a low cost alternative, all new strokes included.</small>	(outside continental USA \$65)	\$55.00	\$ _____
CIMI® Teaching Tools (delivered by email only) Includes all three! Current members only	1) Parent Certificates 2) Fact Sheets 3) Brochure \$70* donation (\$90 VALUE) Save \$20 *w/renewal only	\$70.00	\$ _____
CIMI® PowerPoint® (PDF file format) (current members only)	Circle Choice (see below): 1 2 3 4 5 6 7 8 9 10 11 12	\$40.00 each	\$ _____
1. IRRS - Interaction, Relief, Relaxation, Stimulation 2. States and Cues 3. Crying 4. NICU Infant Massage 5. Brain Development 6. Marketing Parent Baby Class 7. Bonding and Attachment 8. Teaching Parent Classes - outline 9. Conscious Parenting 10. Child with Special Needs 11. In-Service Presentation 12. What is Marketing?			
Web Site (Optional) Referral List: please sign and choose one of the following: <small>Once listed, all members will remain on the web unless membership has expired or member requests in writing by email to be removed.</small>	*** Signature Required for Website Referral Listing: X _____		
<input type="checkbox"/> Add my name to the FREE IAIM®/WINC™ web Referral List	Name • <u>Languages (other than English)</u> • Phone (1 listing) • <u>City & State</u>	Free	\$ _____
<input type="checkbox"/> \$20 Website Annual Enhanced Referral Listing (optional)	(200 character limit) (Use separate sheet for information)	\$ 20.00	\$ _____
TOTAL			\$ _____

Payment Options:

1. Check \$ _____ (made payable to IAIM®, Inc.) Check #: _____ (\$20 returned check fee)
Please write Registration Number on check. Your canceled check is your receipt.

2. ___Visa ___MasterCard ___Amex ___Discover _____

Credit Card Signature: _____ Exp. Date: _____ (renewal pending credit card approval)

Credit Card BILLING Address (if different from Mailing Address): _____