

International Association of Infant Massage – Sweden
9th International Educational Conference and General Assembly

Conference: October 3rd - 5, 2008 * General Assembly: October 6 - 7, 2008

Registration Form

Register by August 29th to get best prices.

Personal Information

Participant name, address and email will be published in the Participant List (given in welcoming packet at Educational Conference). If you do not wish to be listed, please check here: **Do not list my info in the welcome packet.**

First name: _____ Last name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Home phone number: (____) _____ - _____ Country code: _____

Email: _____ Cellular phone: _____

Profession: _____

I am a Chapter Member: Yes No Country Chapter: _____

Do you speak or understand English? Yes No

What languages can you speak? _____, _____, _____

Would you be able to assist with translation? Yes No

Volunteers

We are seeking individuals to volunteer translation in these areas (please check boxes):

- Registration table** - Welcoming and Registration Friday, October 3rd **International Night** - Friday, October 3rd
 Workshop Translation - to be determined **Media table sales** - to be determined

Activities

Please indicate which activities you will participate in:

- I will attend **International Association Infant Massage-Sweden Educational Conference** - Friday, October 3rd through Sunday, October 5th at OMNI Resort (see fees next page).
- I will attend the **Founder's Banquet** - Saturday October 4th with honored guest Vimala McClure (see fees next page).
- I will attend **General Assembly (free)** on October 6th and 7th at the OMNI Resort.
- I will attend Infant Massage USA® 1st Annual GA Luncheon Meeting on October 4th USA members only; fees next page).
- I would like to present a poster at the **International Night** on Friday, October 3rd (limited space available.)
Subject of poster: _____
- I have **materials** pertaining to our activity **to show** or **for sale**. I request information on renting a **Country Chapter** or **Vendor Table**. Please email vendor.2008@infantmassageusa.org by August 29.

Fees and Payment Information

Register by August 29th for BEST Prices

	By 8/29/08	After 8/29/08
Conference Registration (October 3-5, 2008)		
Chapter Member: Educational Conference (Friday - Sunday):	\$265.00 USD	\$340.00 USD
Non-Member: Educational Conference. Includes a one year membership to Infant Massage USA® (<u>Please complete application</u>)	\$340.00 USD	\$370.00 USD
Founder's Banquet (Saturday night)*		
Featuring honored guest and founder, Vimala McClure	\$65.00 USD	\$70.00 USD
Infant Massage USA® (USA members only)*		
1st Annual General Assembly Luncheon Meeting (Saturday October 4 th , noon)	\$25.00 USD	\$30.00 USD

* Please indicate your preference for Banquet and/or Luncheon:

Vegetarian meal Mixed (meat, veggies)

Any particular food allergy/sensitivity? _____

Please enter the total registration fees due
\$ _____ (USD)

Cancellation policy :

Cancellation by August 29th: 80% refund
Cancellation by September 15th: 50% refund
Cancellation after September 15th: no refund

Cancellations must be received by email to:
register.ga2008@infantmassageusa.org

I prefer to [pay online](#) in USD ([Paypal](#)).

I reside in the USA and I am sending my fees by mail (available to USA banking residents only). Make check payable in USD to Infant Massage USA and mail with registration to:

Infant Massage USA (R) Registration 08
7481 Huntsman Blvd. #635
Springfield, Virginia, USA 22153

Receipts, if needed, will be given at registration desk..

Date: _____ Signature: _____

Registration Summary

Be sure to complete all parts of the form, including your personal information and event attendance choices. Refer to fees list for proper payment amount, noting that for registrations postmarked after 8/29, the late fees apply.

All registrations will receive e-mail acknowledgement of receipt of registration.

You have the following options for registering and payment:

1. Complete the registration form online and pay online via PayPal or credit card.
2. Download form to pay by check (US Banking only). Make check payable to Infant Massage USA and mail to Registration 08; 7481 Huntsman Blvd. #635, Springfield, Virginia, USA 22153

Questions: Please email register.ga2008@infantmassageusa.org

Thank you ! We look forward to seeing you in the fall.