



*The Foundation For Infant Massage And Family Bonding*

A Division of LifeSongs, Inc.

**BART Workshop Application  
(Level I – Instructor)**

Name \_\_\_\_\_

e-mail \_\_\_\_\_

**Address (Home)**

Street \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_ /Zip \_\_\_\_\_

Phone(Home) \_\_\_\_\_

Phone(Cell) \_\_\_\_\_

**Address (Work)**

Street \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_ /Zip \_\_\_\_\_

Phone(Work) \_\_\_\_\_

Phone(Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation/Licensure \_\_\_\_\_

\_\_\_\_\_

Years of experience \_\_\_\_\_

Special areas of training \_\_\_\_\_

Workshop Location \_\_\_\_\_

Do you need lodging, directions? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you want to take this course?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tuition is \$225\* if received 4 weeks prior to class. After that time, tuition will be \$250. Checks, money orders or credit cards (Visa, MasterCard or Discover) are accepted. Checks should be made out to LifeSongs, Inc. Tuition includes the required reading book *From The Hand To The Heart*, the Instructor Manual, a Parent Handout with educational copyright permission, and the BART Instructor Certificate.

The trainer reserves the right to cancel the training if enrollment criteria are not met or when conditions prevail beyond her control. In the above events, the tuition will be refunded in full. Other costs incurred by the enrolled of the canceled conference are the responsibility of the enrolled. No show participants will receive a refund of their tuition minus a \$75 cancellation/service fee. No personal checks will be accepted within 10 days of a training. Payment must be made by agency check, bank check, or money order within that time frame. Agency checks and purchase orders will not be accepted after the training has been presented.

\*This fee does not include transportation, meals or lodging.

### Credit Card Information

Name as it appears on card: \_\_\_\_\_

Circle One \_\_\_\_\_ VISA    MASTERCARD    DISCOVER

Card Number \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Payment by Check

\_\_\_\_\_ Check Enclosed

\_\_\_\_\_ Check Number

\_\_\_\_\_ Amount

Please make checks payable to LifeSongs, Inc. (\$225 – U.S.) and mail with this form to:

**LifeSongs, Inc.**  
**P.O. Box 654**  
**Brooksville, FL 34605**

**Questions? Call (352) 247-0226      or      e-mail: [staff@BARTspecialneeds.com](mailto:staff@BARTspecialneeds.com)**