



**MASSAGE THERAPISTS**  
**Bio-Touch™ Introductory Workshop**  
**Registration Form**

Welcome to the International Foundation of Bio-Magnetics' (IFBM) Introductory Workshop. We are happy that you are here with us today. In order to receive 4 CE Hours, as approved by NCBTMB you must attend the entire training and return, at the end of the training, a filled out Evaluation Form.

The IFBM is a non-profit educational foundation whose purpose is to encourage the growth of a person's own self-awareness. This door is opened with a simple touch technique we call Bio-Touch™.

You are encouraged to share, but requested not to reproduce for sale, any materials you receive today including any tapes you might produce. In order to maintain the integrity of the Foundation, Bio-Touch™ and of others practicing this technique, your signature constitutes agreement to the above request and agreement not to misrepresent what you learn today or to claim certain levels of competence without Foundation approval or certification.

Bio-Touch™, “Just Touch”™ and the logo are trademarked and copyrighted by IFBM. You must have prior written approval from the Foundation in order to use any of these items for your cards, flyers or other publicity.

By signing this registration you give IFBM permission to use any photos of you during this class in their marketing of Bio-Touch to the public. This would include but not be limited to Facebook and JustTouch.com

For those interested, there are additional programs that lead to certification by IFBM which authorizes individuals to teach or review Bio-Touch™.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Please Print Signature

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_

City State Zip

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Office Use Below**

*Class Coordinator*

PREPAID? \_\_\_\_\_

Amount paid at class: \_\_\_\_\_ How paid: \_\_\_\_\_  
cash, check, credit

*Membership*

Entered into computer: \_\_\_\_\_

Certificate sent: \_\_\_\_\_

CEU sent: \_\_\_\_\_

**4 CEU**  
**BIO-TOUCH™ WORKSHOP**  
**MASSAGE THERAPY CONTINUING EDUCATION EVALUATION FORM**

Program date: \_\_\_\_\_

Location: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

INSTRUCTIONS: PLEASE CIRCLE THE ONE NUMBER THAT DESCRIBES YOUR RATING.  
 THE RATING SCALE IS:

5 Excellent      4 Very Good      3 Average      2 Fair      1 Poor

1. **ACTIVITY PURPOSE/GOAL**

The goal of the Bio-Touch program for massage therapists is to provide them with an additional tool in the management of acute and chronic medical conditions. This tool will enhance the effectiveness of the therapist-client interaction, empower massage therapists to assist the client in their healing process and improve therapist and patient satisfaction through the healing power of touch.

Did the objectives relate to this overall purpose/goal?

5      4      3      2      1

2. **OBJECTIVES.** Please rate your understanding of each objective:

a. Define what Bio-Touch is and how it relates to other complementary healing techniques:

5      4      3      2      1

b. Cite research being conducted on Bio-Touch.:

5      4      3      2      1

c. Identify where Bio-Touch is being shared:

5      4      3      2      1

d. Observe all of the sets of points and identify what problems they will aid:

5      4      3      2      1

e. Perform each set of points:

5      4      3      2      1

3. Please rate the Instructor effectiveness

5      4      3      2      1

4. Teaching methods and aids appropriate and used effectively:

5      4      3      2      1

5. Physical facilities appropriate:

5      4      3      2      1

6. Comments or recommendations? (Please use back if needed.)

OFFICE USE ONLY  
 Certificate sent this date:

By: