



**Gifts of the Imagination
Guided Imagery for Surviving and Thriving Beyond Cancer
Registration Form**

I am registering for

April 4, 2008 in Seattle **April 5, 2008 in Portland**

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day): () _____ Evening: () _____

Email (please print) _____

I need special seating because of hearing, visual, or mobility impairments.

Describe _____

Registration fee: **\$125** if postmarked by March 15, 2008
 \$150 if postmarked after March 15, 2008

I want Continuing Education credits for an additional \$10 processing fee.

License # _____ Kind of License _____

Payment Method:

| | |
|-----------------|----|
| Workshop | \$ |
| CEU Fee | \$ |
| Total | \$ |

MasterCard/Visa

Exp. Date: _____

Signature _____

Total Amount Enclosed \$ _____

To register by mail, please fill out this form and send to
Healing Journeys, PO Box 221417, Sacramento, CA 95822

You can register by phone at (800) 423-9882
You can register by FAX at (916) 391-1004
You can register on-line at www.healingjourneys.org