

REGISTRATION
CANCER AS A TURNING POINT™
Greenville, SC - June 25 & 26, 2005

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EMAIL _____

I AM REGISTERING FOR

Full Conference Saturday, June 25 Sunday, June 26

NAME TAG INFORMATION

Your name tag will be color coded to help you connect with others. Please select the category that best describes you.

Breast Cancer Health Professional
 Metastatic Breast Cancer Family Member/Support Person
 Prefer not to be identified Other Cancer _____
 Other Illness _____

LUNCH INFORMATION – Please note no lunch orders after June 17th

\$20 for Saturday & Sunday \$10 Saturday Only \$10 Sunday Only
 I'll bring my own lunch
 I'm staying at Furman which includes lunch

OPTIONAL CONTINUING EDUCATION UNITS (CEUS) for Health Professionals

Yes, I want CEUS

License # _____ Kind of License _____

\$125/conf-14 CEUs \$75/Sat-8 CEUs \$60/Sun-6 CEUs

HOUSING ARRANGEMENTS

I want to stay in the Furman student apartments for \$140 for two nights and six meals (Friday dinner through Sunday lunch). **HOUSING RESERVATIONS MUST BE MADE BY MAY 15, 2005.**

PAYMENT INFORMATION

Tax Deductible Donation	\$ _____
Lunch	\$ _____
Housing	\$ _____
CEUs	\$ _____
Total	\$ _____

MasterCard/Visa # _____

Exp. Date: _____

Signature _____

Total Amount Enclosed \$ _____

MAKE CHECKS PAYABLE TO HEALING JOURNEYS
TO REGISTER BY MAIL OR FAX, PLEASE COMPLETE THIS FORM AND SEND TO
Healing Journeys ♦ P.O. Box 221417 ♦ Sacramento ♦ CA 95822 ♦ Fax (916) 391-1004
or register at www.healingjourneys.org