

REGISTRATION
CANCER AS A TURNING POINT™
Greenville, SC – June 6 & 7, 2009

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE: _____ EMAIL: _____

I AM REGISTERING FOR

- Full Conference Saturday, June 6 Sunday, June 7
 I plan to attend the Sunday worship service.
 I plan to attend Cancer Survivor’s Day Celebration Sunday from 1:30 to 3:30.

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

LUNCH/BRUNCH INFORMATION – Please note no lunch orders after June 1

SATURDAY LUNCH

- I am ordering a meal at \$15
 I would like a vegetarian meal
 I will bring my food
and attend networking groups
 I will not attend lunch at all

SUNDAY BRUNCH

- I am ordering a meal at \$15
 I would like a vegetarian meal
 I will bring my food
and attend networking groups
 I will not attend brunch at all

OPTIONAL CONTINUING EDUCATION CREDITS (CEs) for Health Professionals

- Yes, I want CEs
License # _____ Kind of License: _____
 \$95/conf-10 CEs \$75/Sat 7 CEs \$35/Sun-3 CEs

PAYMENT INFORMATION

Tax Deductible Donation	\$
Sat. Lunch	\$
Sun. Brunch	\$
CEs	\$
Total	\$

MasterCard/Visa Only # _____
Exp. Date: _____
Signature: _____
Billing Address: _____
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