

**REGISTRATION FORM**  
**CANCER AS A TURNING POINT™**  
**Seattle, WA 2006**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 DAY PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**I AM REGISTERING FOR**

Full Conference                       Saturday, July 8                       Sunday, July 9

**NAME TAG INFORMATION**

Your name tag will be color coded to help you connect with others. Please select the category that best describes you. If diagnosed with cancer or other illness, please state what kind.

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

**LUNCH INFORMATION** – Please circle the price of your choice. **No lunch orders after July 4<sup>th</sup>.**

Days	Poultry	Organic Lunch Options		I'll bring my own lunch
		Hormone-Free Poultry	Vegetarian	
Both Days	\$24	\$32	\$32	\$.00
Saturday	\$12	\$16	\$16	\$.00
Sunday	\$12	\$16	\$16	\$.00

**OPTIONAL CONTINUING EDUCATION (CE) for Health Professionals**

Yes, I want CE Credits

License # \_\_\_\_\_ Kind of License \_\_\_\_\_

\$150/conf-14 credits                       \$95/Sat-8 credits                       \$70/Sun-6 credits

Check here if you need special seating arrangements because of hearing, visual, or mobility impairments.

Describe \_\_\_\_\_

**You can help keep Cancer as a Turning Point™ FREE by donating generously!**

**PAYMENT INFORMATION (all are optional)**

Tax Deductible Donation	\$	<b>MasterCard/Visa #</b> _____ <b>Exp Date:</b> _____ <b>Signature</b> _____ <b>Total amount enclosed \$</b> _____
Lunch	\$	
CE's	\$	
Total	\$	

**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](http://www.healingjourneys.org)