

**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 4th.**

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	\$	MasterCard/Visa # _____ Exp Date: _____ Signature _____ Total amount enclosed \$ _____
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