

REGISTRATION FORM
CANCER AS A TURNING POINT™
Lincoln Theater – Yountville, CA
(Napa Valley)
September 17, 2011

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

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 tell us what kind.**

- Cancer Survivor
 Type of Cancer _____
- Other Illness _____
- Family member or friend
- Health Professional
- Prefer not to be identified with a group

LUNCH INFORMATION – \$15 (non-refundable) – No lunch orders after September 12.

- Poultry Vegan No Lunch Needed
- Poultry Gluten-free Vegan Gluten-free

OPTIONAL CONTINUING EDUCATION (CE) for Health Professionals

- I want 6.5 CE credits for \$65.
 License # _____ Kind of License _____

DONATE TO KEEP HEALING JOURNEYS CONFERENCES FREE

Although it costs us \$65 per person, we are committed to keeping *Cancer as a Turning Point* FREE. No one is turned away. Your tax-deductible donations help us keep this commitment. Please donate as generously as you can.

- \$65 I'd like to donate \$ _____ Sorry, unable to donate now

PAYMENT INFORMATION (all are optional)

Tax-Deductible Donation	\$	MC/Visa/Discover # _____
Lunch	\$	Exp Date: _____ Sec. Code: _____
CE's	\$	ZIP Code: _____
TOTAL	\$	Billing Address: <input type="checkbox"/> Same as above
		Other: _____
		Signature: _____
		Total amount enclosed \$ _____

Please make checks payable to: Healing Journeys
Post Office Box 221417
Sacramento, CA 95822

(800) 423-9882 ♥ 916-391-0549 ♥ Fax 916-391-1004

You may register online at: www.healingjourneys.org ♥ info@healingjourneys.org