

REGISTRATION FORM
Cancer as a Turning Point, From Surviving to Thriving™

Denver, CO — Free Conference on September 12, 2015

Note: Please fill out a separate form for each person.

Name _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone _____ **Email** _____

NAME TAG INFORMATION

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

☐ Breast Cancer

☐ Family Member / Support Person

☐ Metastatic Breast Cancer

☐ Health Professional

☐ Other Cancer (specify) _____

☐ Prefer not to be identified with a group

☐ Other Illness (specify) _____

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

☐ \$65/Conference – 6.5 CE credits

License # _____ Kind of License _____

* Cancellations received by **September 7th** will receive a refund for CEs, minus a \$25 administrative fee.

LUNCH INFORMATION – Please check mark your lunch choice – no orders after 9/7/15.

Note: Lunches are organic and gluten-free.

☐ Poultry – \$12

☐ Vegan – \$12

☐ Bringing my lunch – \$0

DONATE TO KEEP HEALING JOURNEYS CONFERENCES FREE

Although it costs us \$89 per person, we are committed to keeping *Cancer as a Turning Point* FREE. **No one will be turned away.** Your **tax-deductible** donations help keep this commitment. Please donate as generously as you can, thank you. Please **check** your donation option.

☐ \$89 (1 person)

☐ \$178 (2 people)

☐ \$50

☐ \$25

☐ Other (fill in amount below)

☐ Sorry, unable to donate now

VOLUNTEERS NEEDED – Would you like to help at the conference? ☐ Yes

PAYMENT – All Optional

Tax-deductible Donation	\$	☐ Check Enclosed ☐ MasterCard/Visa/Discover/AmEx #: _____
CEs	\$	Exp Date: _____ Sec. Code: _____
Lunch	\$	ZIP Code: _____
TOTAL Amount Enclosed	\$	Billing Address: ☐ Same as above Other: _____ Signature: _____ Total amount enclosed \$ _____

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