

REGISTRATION FORM
CANCER AS A TURNING POINT™
San Mateo Performing Arts Center
October 9 -10, 2010

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

I AM REGISTERING FOR

Full Conference Saturday, October 9 Sunday, October 10

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 _____ 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/refunds after 10/3.**

Days	Lunch Options		I'll bring my own lunch
	Hormone-Free Poultry	Vegan	
Both Days	\$30	\$30	\$.00
Saturday	\$15	\$15	\$.00
Sunday	\$15	\$15	\$.00

OPTIONAL CONTINUING EDUCATION (CE) for Health Professionals*

\$125/conf - 12.5 credits \$85/Sat - 7 credits \$65/Sun - 5.5 credits

License # _____ Kind of License _____

* Cancellations by Oct. 3 will receive a refund, minus a \$15 administrative fee. No refunds can be given after Oct. 3.

DONATE TO KEEP HEALING JOURNEYS CONFERENCES FREE

Although it costs us \$86 per person, we are committed to keeping *Cancer as a Turning Point* FREE. No one is turned away. Your tax-deductible donations help keep this commitment. Please donate as generously as you can.

\$43 (1 person-1 day) \$172 (2 people-full conf.) I'd like to donate \$ _____
 \$86 (1 person-full conf.) \$430 (5 people-full conf.) Sorry, unable to donate now

PAYMENT INFORMATION (all are optional)

Tax Deductible Donation	\$	MasterCard/Visa # _____
Lunch	\$	Exp Date: _____ Sec. Code: _____
CE's	\$	Zip Code: _____
Total	\$	Billing Address: <input type="checkbox"/> Same as above
		Other: _____
		Signature: _____
		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