REGISTRATION FORM

Cancer as a Turning Point™

Spartanburg, SC – June 23 & June 24, 2012

Name_____

Address_____

City_____ **State**____ **ZIP**_____

Phone_____ **Email**_____

I AM REGISTERING FOR:

☐ Full conference ☐ Saturday, June 23 ☐ Sunday, June 24

☐ I plan to attend the Sunday morning non-denominational worship service (optional)

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

☐ Metastatic Breast Cancer

☐ Other Cancer (specify) _____

☐ Other Illness (specify) _____

☐ Family Member / Support Person

☐ Health Professional

☐ Prefer not to be identified with a group

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

☐ $125/conf – 13 credits ☐ $75/Sat – 7 credits ☐ $65/Sun – 6 credits

License # _____ Kind of License _____

* Cancellations received by **June 17th** will receive a refund for CEs, minus a $25 administrative fee.

OPTIONAL – HOUSING: Reservations for housing must be made by June 1, 2012*

☐ I want to stay in the Spartanburg Methodist College student housing, **for $115** (includes 2 nights, and 6 meals – Friday dinner through Sunday lunch; does not include linens – you may rent or bring linens)

☐ I want to rent linens **for $30** (includes pillow, sheets, towels)

* Cancellations received by **June 1st** will receive a refund for Housing and Linens, minus a $25 administrative fee.

LUNCH INFORMATION – Please **circle** your lunch choice **for each day –** no orders after **June 17th**.

Day	Lunch Options (no refunds)			
Saturday	Poultry – $15	Vegan – $15	Staying at SMC, which includes lunch	Bringing my lunch
Sunday	Poultry – $15	Vegan – $15	Staying at SMC, which includes lunch	Bringing my lunch

PAYMENT – All Optional

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

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