## REGISTRATION FORM Cancer as a Turning Point $^{m}$

Spartanburg, SC – June 23 & June 24, 2012

Name								
Address_								
City					State_	ZIP	<u>-</u>	
Phone				Email				
I AM REGI	STERIN	IG FO	R:					
☐ Full confe	erence		□s	aturday	, June 23	☐ Sunday, June 24		
☐ I plan to	attend the	e Sund	ay morr	ning non	-denominational w	orship service (optiona	1)	
NAME TAC	INFOR	MATI	ON					
Your name to describes you		color-	coded to	o help y	ou connect with oth	hers. Please check the	category that best	
☐ Breast Cancer					☐ Family Member / Support Person		upport Person	
☐ Metastatic Breast Cancer					☐ Health Professional			
☐ Other Cancer (specify)				Prefer not to be identified		entified with a group		
☐ Other Illness (specify)								
OPTIONAL	L – CON	TINU	ING E	DUCATI	ON (CE) credit	s for Health Profes	sionals*	
☐ \$125/conf – 12 credits ☐ \$				885/Sat – 7 credits		☐ \$65/Sun – 5 credits		
License # Kind				d of License				
* Cancellation	ns received	by <b>Jun</b>	ie 17th \	will receiv	ve a refund for CEs, n	ninus a \$25 administrative	e fee.	
OPTIONAL	L – HOU	JSING	: Rese	rvatio	ns for housing I	must be made by J	une 1, 2012*	
☐ I want to stay in the Spartanburg Methodist College student housing, <b>for \$115</b> (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 <b>June 1st</b> will receive a refund for Housing and Linens, minus a \$25 administrative fee.								
LUNCH IN	FORMA	LION	- Please	e <b>circle</b>	your lunch choice t	for each day – no orde	ers after <b>June 17th</b> .	
Day	y Lunch Options (no refunds)							
Saturday	Poultry -	Poultry – \$15		ı — \$15	Staying at SMC, v I want Poultry /	which includes lunch: I want Vegan	Bringing my lunch	
Sunday	Poultry -	- \$15	15 Vegan – \$15			which includes lunch:	Bringing my lunch	
PAYMENT	– All Or	otiona	al		<u>,                                     </u>			
Tax-deductible Donation		\$	\$		eck Enclosed			
CEs		\$	\$ E		Exp Date:Sec. Code:			
Housing		\$		Zip Code:				
Lunch		\$		Billin	Billing Address:   Same as above			
TOTAL Amount Enclosed		\$		Signature:				
				Total amount enclosed \$				

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