



support healing, activate hope, promote thriving

CANCER AS A TURNING POINT™

Charlottesville, VA ~ June 5 & 6, 2010

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I am registering for:

- Full conference Saturday, June 5 Sunday, June 6
- I plan to attend the Sunday worship service.

NAME TAG INFORMATION

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

- Cancer Survivor Family Member or Friend
- Kind of Cancer _____ Health Professional
- Other Illness _____ Prefer not to be Identified

LUNCH INFORMATION –Note: NO lunch orders can be taken after May 29.

SATURDAY LUNCH (\$20)

- Regular Lunch
- Vegetarian Lunch
- No lunch but will attend networking
- I will not attend lunch/networking

SUNDAY BOX LUNCH (\$20)

- Regular box lunch
- Vegetarian box lunch
- I will not need a lunch

HEALTH PROFESSIONALS CONTINUING EDUCATION (CE) – if applicable

- \$100/conf – 10 CEs \$80/Saturday only -7 CEs \$35/Sunday only – 3 CEs
- Kind of License _____ License Number _____

PAYMENT (optional)

Lunch	\$
CEs	\$
Tax-deductible Donation	\$
TOTAL Enclosed	\$

- Check enclosed (payable to Healing Journeys)
- MC/VISA# only _____
- Exp. Date _____ Security Code _____
- MC/VISA Billing Address ____ Same as Above
- Other _____
- Signature _____

One form per person. Mail or fax to:

Healing Journeys
P.O. Box 221417
Sacramento, CA 95822
Fax: 916-391-1004