

REGISTRATION FORM
Cancer as a Turning Point™
 Sacramento, CA – September 8 & 9, 2012

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Email _____

I AM REGISTERING FOR:

Full conference Saturday, September 8 Sunday, September 9

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*

\$125/conf – 12 credits \$85/Sat – 7 credits \$65/Sun – 5 credits

License # _____ Kind of License _____

* Cancellations received by **September 3rd** will receive a refund for CEs, minus a \$25 administrative fee.

LUNCH INFORMATION – Please **circle** your lunch choice **for each day** – no orders after **Sept. 3rd**.

Note: Poultry Lunch is from Whole Foods; Vegan Lunch is from The Green Boheme and is gluten-free.

Day	Lunch Options (no refunds) – Vegan lunch is gluten-free.		
Saturday	Poultry – \$15	Vegan – \$15	Bringing my lunch – \$0
Sunday	Poultry – \$15	Vegan – \$15	Bringing my lunch – \$0

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, thank you. Please **check** your donation option.

\$43 (1 person-1 day) \$86 (1 person-full conf.) \$172 (2 people-full conf.)
 \$430 (5 people-full conf.) Other (fill in amount below) Sorry, unable to donate now

PAYMENT – All Optional

Tax-deductible Donation	\$ _____	<input type="checkbox"/> Check Enclosed <input type="checkbox"/> MasterCard/Visa/Discover #: _____ Exp Date: _____ Sec. Code: _____ Zip Code: _____ Billing Address: <input type="checkbox"/> Same as above Other: _____ Signature: _____ Total amount enclosed \$ _____
CEs	\$ _____	
Lunch	\$ _____	
TOTAL Amount Enclosed	\$ _____	

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