

REGISTRATION FORM

Cancer as a Turning Point™ – 2014

San Jose, CA

Free 20th Anniversary Celebration, Sept. 5, 7pm–9pm / Free Conference, Sept. 6, 9am–5pm

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

I AM REGISTERING FOR:

Anniversary Celebration on Friday, 9/5 Conference on Saturday, 9/6 Both events

NAME TAG INFORMATION

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

- | | |
|--|---|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Family Member / Support Person |
| <input type="checkbox"/> Metastatic Breast Cancer | <input type="checkbox"/> Health Professional |
| <input type="checkbox"/> Other Cancer (specify) _____ | <input type="checkbox"/> Prefer not to be identified with a group |
| <input type="checkbox"/> Other Illness (specify) _____ | |

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

\$25/Anniversary – 2 credits \$65/Conference – 6.5 credits \$85/Both events – 8.5 credits

License # _____ Kind of License _____

* Cancellations received by **September 1st** will receive a refund for CEs, minus a \$25 administrative fee.

LUNCH INFORMATION – Please check mark your lunch choice for Sat. 9/6 – no orders after 9/1.

Note: Lunches are from Whole Foods.

- Poultry – \$13 Vegan – \$13 Bringing my lunch – \$0
- Gluten-Free: Poultry – \$13 Gluten-Free: Vegan – \$13

DONATE TO KEEP HEALING JOURNEYS CONFERENCES FREE

Although it costs us \$75 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.

- \$75 - our cost for 1 person \$150 - our cost for 2 people
- 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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