



support healing, activate hope, promote thriving

## CANCER AS A TURNING POINT™

Renton, Washington ~ October 3, 2009

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**LUNCH INFORMATION** – Please note that NO lunch orders can be taken after Sept. 28

- Poultry Lunch \$15                     
  Vegan Lunch \$15                     
  Bring my own Lunch

**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 or Friend     |
| <input type="checkbox"/> Other Cancer _____  | <input type="checkbox"/> Health Professional         |
| <input type="checkbox"/> Other Illness _____ | <input type="checkbox"/> Prefer not to be Identified |

**HEALTH PROFESSIONALS CONTINUING EDUCATION (CE) – if applicable**

- I want 7 CE credits for \$70  
 Kind of License \_\_\_\_\_ License Number \_\_\_\_\_

**PAYMENT (optional)**

Lunch	\$
CEs	\$
Donations*	\$
<b>TOTAL Amount</b>	<b>\$</b>
Enclosed	

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

*\*Our cost for providing this conference is **\$75 per person**. Any contribution you can make to help cover our expenses is tax-deductible and greatly appreciated.*

One form per person. Mail or fax to:  
 Healing Journeys, P.O. Box 221417  
 Sacramento, CA 95822  
 Fax: 916-391-1004