

REGISTRATION FORM
***Cancer as a Turning Point™* Mini-Conference**

Friday, September 23, 2016
 7:00pm – 9:00pm

Immanuel Lutheran Church
 Los Altos, CA

Note: Please fill out a separate form for each person.

Name _____

Address _____

City _____ **State** ____ **ZIP** _____

Phone _____ **Email** _____

OPTIONAL – CONTINUING EDUCATION (CE) credits for Nurses

\$25 – 2 CE credits

License # _____ Kind of License _____

DONATE TO KEEP HEALING JOURNEYS CONFERENCES FREE

We are committed to keeping *Cancer as a Turning Point* FREE. **No one will be turned away.** Your **tax-deductible** donations help keep this commitment. Please donate as generously as you can, thank you.

Please **check** your donation option.

- \$25 \$50 \$100
 Other (fill in amount below) Sorry, unable to donate now

VOLUNTEERS NEEDED – Would you like to help at the conference? Yes

PAYMENT – All Optional (Event is free)

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

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