

REGISTRATION FORM

Cancer as a Turning Point, From Surviving to Thriving™

Sacramento, CA – Free Conference on September 8, 2018

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

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

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 Nurses*

\$65/Conference – 6.5 CE credits

License # _____ Kind of License _____

* Cancellations received by 9:00am PDT on **Sept. 4th** will receive a refund for CEs, minus a \$25 administrative fee.

LUNCH INFORMATION – Please mark your lunch choice – no orders after 9:00am PDT on 9/4/18.

Note: Lunches are from Whole Foods. No refunds can be made for lunch payments.

- Poultry – \$15 Vegan – \$15 Bringing my lunch – \$0

DONATE TO KEEP HEALING JOURNEYS CONFERENCES FREE

Although it costs us \$89 per person, 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 **mark** your donation option.

- | | | | |
|---|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> \$89 (1 person) | <input type="checkbox"/> \$178 (2 people) | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$25 |
| <input type="checkbox"/> Other (fill in amount below) | <input type="checkbox"/> Sorry, unable to donate now | | |

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

PAYMENT – All Optional

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	\$	
Lunch	\$	
TOTAL Amount Enclosed	\$	

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