



# WAYS OF KNOWING™ CONVERSATIONS

*Spirituality, Sustainability, and Healthcare*

MAY 25, 2011 Carondelet Center, St. Paul, MN

## Registration Form

**Date** May 25, 2011

**Check-In** 8:30 - 9 a.m. CST

**Program** 9 a.m. - 6 p.m. CST

**Location** Carondelet Center  
1890 Randolph Avenue,  
St. Paul, MN, 55105

**Cost** \$50.00 per person

### Attendee Information

Full Name \_\_\_\_\_

Phone \_\_\_\_\_ Email (*needed for confirmation*) \_\_\_\_\_

Address \_\_\_\_\_

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

### Payment Information

Enclosed Payment \$ \_\_\_\_\_ *Payable to Creative Health Care Management*  Check attached

MasterCard  Visa  Amex

Credit Card # \_\_\_\_\_ CID Code (*see card back*) \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on card \_\_\_\_\_

Address on card  Same as above Or \_\_\_\_\_

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

Authorized Signature: **X** \_\_\_\_\_

### Questions

**Contact:** Kristina Skuster; Administrative Assistant

**Phone:** (952) 252-1136 or (800) 728-7766

**Email:** kskuster@chcm.com

**Important Note:** Two weeks before the event start date, if you need to postpone or reschedule attendance and have paid for the event, we will refund your money less \$10 for administrative fees. If cancelling your registration less than (2) weeks prior to the start of the event, you will be charged 50% of the registration fee; the remainder will be refunded.

**Please print out form,  
sign and mail to:**

Creative Health Care Management  
5610 Rowland Road, Suite 100  
Minneapolis, MN 55343

**Or Fax:** 952-854-1866