



# Speaking as One Heart

Healing Touch Worldwide Conference 2009

## Post Conference Only Registration Form

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Credentials \_\_\_\_\_

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

### Post Conference Workshops

Title and Speaker	Date Length	Cost	Sign Up
<b>Second Chance At your Dream: Engaging the Gifts of Energy Psychology for Optimal Aging, Creativity and Health</b> <i>Dorothea Hover-Kramer Ed.D., RN, CNS, D. CEP</i>	Aug 3 ½ day – morning 8:30 – 12:30	\$ 75	
<b>Energy Medicine: The Leading Edge of Integrative Holistic Medicine (IHM)</b> <i>Dr. Robert S. Ivker, DO, ABIHM, FAAFP, HTCP; Janna Moll HTCP/I, CMT, SEM</i>	Aug 3 ½ day – afternoon 1:30 – 5:30	\$75	
<b>Finding Your Authentic Vibration on The Path to Wholeness</b> <i>Susan Wagner DVM, DACVIM, HTA-P</i>	Aug 3 1 day 9:00 – 6:00	\$150	
<b>Sacred Powers: A Medical Intuitive's Perspective</b> <i>Nancy Weber R.N. (since 1963), private practice as a Medical Intuitive since 1975, Interfaith Minister, Touch for Health Practitioner, psychic detective</i>	Aug 3 1 day 9:00 – 6:00	\$150	
<b>Physics and Spiritual Healing For Healers – Limited to 30 participants.</b> <i>Vicki Slater RN, PhD</i>	Aug 3 - 4 2 Day 9:00 – 6:00	\$300	
<b>Your Thumbprint, God's Hand: Establishing a Parish Healing Ministry</b> <i>Dianne Del Giorgio MALS, HTSMP, graduate work in English Education, The Rev. Joanie Delamater, MA, MDiv, HTSMP, Sherri Afryl, BS in Elementary</i>	Aug 4 ½ day – afternoon	\$ 75	

<i>Education, graduate work in Early Childhood Education, HTSMP, Cathryn Bashore, MA, LICSW, HTSMP</i>	1:30 – 5:30		
<b>An Energetic Treatment of Allergies</b> <i>Sue Hovland BSN, RN, CMT, HTCP/I</i>	Aug 4 1 day 9:00 – 6:00	\$150	
<b>Energy Medicine in Surgery</b> <i>Janna Moll HTCP/I, CMT, SEM</i>	Aug 4 1 day 9:00 – 6:00	\$150	

**Total Registration Dollar Amount** \_\_\_\_\_

\_\_\_\_\_ I understand that by attending this conference I am agreeing to allow any photos and/or recordings to be used by Healing Touch Program for publicity purposes as they see fit.

I have enclosed a check for \$ \_\_\_\_\_ Please charge my credit card for \$ \_\_\_\_\_

Visa / MC / Discover Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Safety Code \_\_\_\_\_

Signature \_\_\_\_\_

**Send to:** Healing Touch Program, 20822 Cactus Loop, San Antonio, TX 78258

**Fax to:** 210-497-8532

**Together we are the Heart of Healing Touch!**

**Substitution/Cancellation Policy**

Please notify HTP of any substitutions in writing. The appropriate registration fee will be applied to the substitute attendee. A refund (minus a \$50 cancellation fee) will be given if received 3 weeks prior to the start of the event. Notification of cancellation must be sent in writing. Refunds will not be given for cancellations received after July 13th 2009.