

## Journey to a Thriving Life Retreat

Wednesday April 10, 2019 4 PM – Sunday April 14, 2019 Noon

### About the retreat

This 5 day/4-night residential retreat provides an opportunity, for 16 women who have had breast cancer, to step out of the complexity of life and learn to listen deeply to her body, heart and soul. Mago Retreat Center, with its breathtaking views, offers a peaceful and nurturing setting, surrounded by the healing vortexes of Sedona. You will have the opportunity to connect with other like-minded women and – dissolve the feelings of being isolated and alone.

Learn to navigate the emotional waves of the journey with patience and grace. You will receive emotional support from seasoned practitioners to honor the range of emotional challenges. The facilitators, Anahata and Jodi Hutchinson, will offer insights, direct experiences to activate the body's natural healing wisdom and share healing tools for you to practice after you depart from the retreat. Meet Dr. Beth DuPree at our welcome and closing dinners.

### **The retreat will include:**

- Empowerment workshops
- Sharing circles
- Land walking journeys
- Sacred ceremonies
- Meditation & breath work
- Mindfulness practices
- Create your vision board
- Evidence-based nutrition info and recipes
- Lifestyle changes, 1 step at a time

Arrive at Mago Retreat Center and temporarily leave behind your daily distractions for a long enough time to allow deep relaxation and allow for a lasting inner change to occur.

**The retreat is limited to 16 attendees. All rooms are shared rooms. Attendees are required to stay onsite at the retreat center for the entire retreat. Cost to attend the Retreat: \$200**



## **The Venue – Sedona Mago Retreat Center**

The Sedona Mago Retreat Center is located in pristine land in Sedona, Arizona, an area long known for natural healing and spiritual awakening. Surrounded by red monoliths, Native American ruins and majestic mountains. Mago Retreat Center offers 173 acres of beautifully landscaped land honoring Mother Earth's treasures. Designed to work with the healing energy of Sedona, you can relax and rejuvenate body, mind, and spirit. No meat, no alcohol and no smoking are allowed within the premises of the Sedona Mago Retreat Center. More details at: [www.sedonamagoretreat.org](http://www.sedonamagoretreat.org)



## **What to Bring:**

- Comfortable casual clothing suitable for weather conditions
- Lightweight sweatshirt or meditation shawl, Toiletries
- Personal belongings such as journals or books

## **Retreat Funding Support**

The retreat is made possible through funding from the generous support of:



Learn more at [www.nahealthfoundation.org](http://www.nahealthfoundation.org)



## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Approx date of diagnosis: \_\_\_\_\_

Emergency contact name/relationship: \_\_\_\_\_ / \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Are you currently receiving treatment? Yes/No Specify type of treatment: \_\_\_\_\_

Do you have any other medical conditions? e.g.: high or low blood pressure, back problems, asthma or heart conditions If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any past/current experience of depressions, anxiety, psychosis, drug/alcohol problems, panic attacks or personality disorders? (Practices may not be suitable for people with particular conditions) Please specify type and whether past or current:

\_\_\_\_\_  
\_\_\_\_\_

Please specify any special diet required:

\_\_\_\_\_  
\_\_\_\_\_

I understand the retreat may involve gentle restorative yoga postures, walking, breathing and relaxation practices, and meditation. I take full responsibility for my own performance of these practices and will complete the patient information section of the Doctor Authorization Form and provide the form to my doctor.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Doctor Authorization Form

Dear Physician,

Your patient identified in the Patient Section below would like to participate in a 5 day/4 night retreat with the Healing Consciousness Foundation. It will provide restorative yoga, breathing practices, stress management, relaxation, mindfulness meditation, and small group discussion designed to help cancer patients move forward with their lives. If you have any questions about the Retreat, please contact the HCF Administrator Retreat at 215-840-8630.

### **Patient Section: (to be completed by patient)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Physician Section: (to be completed by Physician)**

If you agree your patient is medically fit, please complete this section and return it to us at:  
The Healing Consciousness Foundation  
45 2<sup>nd</sup> Street Pike, Suite 100  
Southampton, PA 18966

Is patient medically fit (both physically & psychologically) to attend this holistic, psychosocial retreat?  
Yes / No

Additional comments or concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Doctor/Practice \_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_