



RBTI Retreat Enrollment Form

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

COST: (Circle one)

Rates if booked by Thursday, February 28th:

- \$1,500/person (private room)
- \$1,250/person (semi-private)

Rates beginning Friday, March 1st:

- \$1,700/person (private)
- \$1,450/person (semi-private)

*Fee includes One-Year Membership in Bio-Electric Quantum Health Coalition. (\$15.00 Value)

RETREAT CHECKLIST:

- ___ COMPLETE RETREAT ENROLLMENT FORM
- ___ MAKE CHECK PAYABLE TO:
Bio-Electric Quantum Health Coalition
- ___ COMPLETE TEST KIT ORDER FORM & PAYMENT INFO
- ___ COMPLETE COALITION DECLARATION SHEET (fee included in Retreat Cost)
- ___ MAIL ALL ABOVE DOCUMENTS TO:
Pittsburgh Alternative Health, Inc.
20 Cedar Blvd, Suite 303
Pittsburgh, PA 15228

Note: Full registration fees are refundable if cancellation is completed by Monday, March 11. Otherwise, 75% of registration fees will be refunded up to Wed, March 20. All refunds will be issued in the form of a check from the Bio-Electric Quantum Health Coalition within 10 days of request.