

**Admission Application  
for**

**RBTI Home Correspondence Course/Live Seminar**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Age: \_\_\_\_\_

**Course materials: Training Manual, DVDs, Tests, and Final Exams.**

1. Describe your educational achievement (s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Give a brief description of your experience working with Natural Health Therapies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Why do you desire to learn the Reams Biological Theory of Ionization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How did you learn about this RBTI Home Correspondence Course/Live Seminar? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Enclosed is my Non-refundable Contribution of: \_\_\_\_ \$499 (plus \$15.00 shipping & handling within continental U.S.) for the DVD package; \_\_\_\_ Live Seminar Deposit: \$150.00

I attest and affirm that all the information submitted above is true to the best of my knowledge and that the certification will not be issued to me until I have successfully completed the final exam.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail Check or Money Order Payable to: *C.H.E.M. P.O Box 853, Camden, Tennessee 38320*