



**BEACON OF HOPE  
REJUVENATION LIFESTYLE CENTER  
3534 Route 82  
Millbrook, NY 12545**



**(917) 658-4886, (845) 677-3093, (845)-344-7434**

Dear Friend:

We here at Beacon of Hope Rejuvenation Lifestyle Center would like to thank you for choosing our Program and realizing the need to take control of your health. Our program is designed to help you better yourself as a whole person. It is our desire to teach you the cause of disease, its prevention, and its cure. Education is the key to good health, and our Cleansing/Detoxification Program is designed to provide you with a broader awareness of what constitutes good health. So, sit back and enjoy learning about your health !

What you need to bring is warm comfortable, loose clothing for your stay and other items listed on the enclosed checklist.

**Upon returning this Application, Questionnaire and Disclaimer, it is important that you include a deposit of 1/3 of the total fee. We cannot guarantee any reservation without a deposit. Deposits are not refundable but can be rescheduled within a two month period. The remainder of your balance must be paid upon arrival. Please checks payable to Jerry Jamel. There is a \$30.00 charge for "returned " (insufficient funds) checks.**

If you have any questions or concerns, please feel free to call us at the number above, and if we are not in, we will certainly return your call.

A P P L I C A T I O N

Please print clearly

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

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

Home Tel. No.: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Approx. time of arrival: \_\_\_\_\_

How Arriving:     car     bus     train     plane     other: \_\_\_\_\_

(any pick up is an extra fee and is to be paid to the driver at the time of transport. Fees are **round trip**): Airports: Stewart: \$90. LaGuardia: \$145. Kennedy: \$150. Albany: \$137 White Plains (HPN): \$115. Newark: \$155.; plus tolls for these areas (if applicable).

Call ahead for other pick up areas. \*Metro North Train Stations: \$25.00 (RT) Hudson Line: Take Metro North to last stop – Poughkeepsie. OR - Harlem Line: To Dover Plains or Tenmile River or Wassaic stations

Greyhound Bus: Call 1-800-231-2222 or online: **www.greyhound.com**. Destination: Poughkeepsie, NY

Amount of Deposit Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_ MO# \_\_\_\_\_

Make checks or money orders payable to Jerry Jamel.

If you anticipate any changes or cancellation with your reservation, please notify us two weeks in advance. Thank you for your consideration.

**RETURN THIS SHEET WITH YOUR PAYMENT**

## Disclaimer

The purpose of this program is to present information regarding God's natural health laws and practices, which we hope will be beneficial to your health.

It is a God-given and constitutional right to prescribe for yourself a plan involving lifestyle changes and to make any other decisions regarding your health.

The undersigned (you) understands that the health questionnaire, program, and materials given to you are intended for educational purposes only. This is to assist you in learning about your body/health.

It is not the intention of this evaluation/program to diagnose, prescribe any medication, treatment or modality for any physical or mental disorder, anomaly, disease, ailment, or complaint.

We do not accept any personal liability for any decisions you make based on the information shared, as any treatment plan you undergo is your responsibility, based on your choices, after seeking full knowledge in any area of illness and its treatment.

The use of any information distributed is at the sole discretion of, and in response to the direct request made by the individual whose name is signed on this form.

Further, the undersigned agrees to hold any of the "staff" of this health program harmless from any claim resulting from the health program.

We encourage you, after prayer and proper study and consultation, to develop a plan for your life that will correct bad lifestyle practices and restore any unhealthy conditions within the body by following God's Plan / The Ten Laws of Health, and where you may experience healing, according to His will. God alone heals.

We pray that the information presented at this program will prove a blessing to you.

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Your name / signature

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Date

# Welcome / Bienvenido

"The doctor of the future will give no medicine but will interest his patients in the care of the human body, in diet, and in cause and prevention of disease"

"El médico del futuro no dará medicamentos, pero será de interés sus pacientes en el cuidado del cuerpo humano, en la dieta, y en la causa y a la prevención de la enfermedad"

## CLIENT QUESTIONNAIRE

**Confidential**

Today's Date: \_\_\_\_\_

### Client Information / Información del Cliente

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(Nombre) (telefono)

Address: \_\_\_\_\_  
(Street address, apt. # / direccion - calle y apartamento)

\_\_\_\_\_  
(city, state, zip code / ciudad / estado, zona postal)

Sex / sexo :  Male / Hombre  Female / Mujer Birthdate / fecha de nacimiento: \_\_\_\_\_

Height / altura: \_\_\_\_\_ Weight / peso: \_\_\_\_\_ Age / edad: \_\_\_\_\_

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

Status:  Married  Single  Widowed  Divorced  Separated  Other \_\_\_\_\_  
Estado civil: Casada Soltera Viuda Divorciado Separados Otro \_\_\_\_\_

### Symptoms - Reasons for Your Visit / Síntomas - Razones de su visita

Reasons for your visit / Razones por su visita: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice the symptoms / ¿Cuándo notó por primera vez los síntomas?: \_\_\_\_\_

Is the Condition getting progressively worse / ¿ Es la condición cada vez peor? \_\_\_\_yes/ si \_\_\_\_no

Where specifically is the problems(s) located / ¿ Donde es específicamente los problemas(s) ubicado /localizado ? :

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

*Refer to the following page for various health issues.  
Please check what may apply to you either currently or in the past.*

Vaya a la página siguiente para diversos problemas de salud.  
Por favor, indique lo que se aplica a usted en la actualidad o en el pasado.

# HEALTH HISTORY

Check only those conditions that you currently have or have had in the past.

<input type="checkbox"/> Past <input type="checkbox"/> Present	Problem	<input type="checkbox"/> Past <input type="checkbox"/> Present	Problem	<input type="checkbox"/> Past <input type="checkbox"/> Present	Problem	<input type="checkbox"/> Past <input type="checkbox"/> Present	Problem
	<b>Autoimmune Diseases</b>		<b>Eating Issues</b>		<b>Infections, Viral</b>		Difficulty sleeping/insomnia
	Fibromyalgia		Anorexic		Hepatitis		Excessive worry
	Graves Disease		Bulimic		Herpes Simplex/zoster		Family problems/issues
	Hashimotos		Eat to relief Fatigue		HIV / Aids		Financial concerns
	Lupus		Eat when Depressed		Influenza		Grief
	Multiple Sclerosis		Eat when Nervous		Measles		Guilt
	Psoriatic Arthritis		Excessive Hunger		Mononucleosis		Job concerns
	Raynauds Disease		Faint when hungry		Mumps		Low self-esteem
	Rheumatoid Arthritis		Feel shaky if hungry		Polio		Marital issues
	Scleroderma		Irritable before a meal		Viral Pneumonia		Mental Disorder
	Thyroid / Thyroiditis		<b>Endocrine Issues</b>		Yeast/Fungal Infections		Nervous Disorder
	Absent-minded		Diabetes		<b>Inflammatory Conditions</b>		Stressed out
	Alcoholism		Acromegaly		Arthritis		Cold Most of the time
	Allergies		Adrenal Insufficiency		Bursitis		Dizziness
	Alzheimer's Disease		Cushing's Disease		Cholecystitis		Endometriosis
	Anemic		Hyperthyroidism		Fibrositis		Fatigued / Tired
	Appendicitis		Hypothyroidism		Iritis		Fibroids
	Autism		Polycystic Ovary Syndrome		Nephritis		Frequent Colds
	Backaches		<b>Eye Problems</b>		Pancreatitis		Frequent Kidney Infections
	Bad Breath		Blindness		Uveitis		Frequent Urination
	Bleeding (where ?)		Cataracts		<b>Respiratory Diseases</b>		Hay Fever
	Cancer (type ?)		Chronic Dry Eyes		COPD		Headaches / Migraines
	Chest pains		Conjunctivitis		Asthma		Hemorrhoids
	Chills / Cold Skin		Glaucoma		Bronchitis		Hernia
	Cholesterol, High		Night Blindness		Difficulty Breathing		Hot Most of the time
	<b>Circulation Conditions</b>		<b>Heart Conditions</b>		Emphysema		Infertility problems
	Claudication		Angina		Sinusitis		Itching of anus/rectum
	Cold hands / feet		Arrhythmia		Tuberculosis (TB)		Itching of nose
	Deep vein thrombosis		Atherosclerosis		<b>Skin Problems</b>		Lightheadedness
	Diabetic Ulcers		Congenital Heart Disease		Impetigo		Low blood pressure
	Gangrene		Congestive heart failure (CHF)		Acne		Lumbago
	Peripheral Vascular Disease		Coronary Artery Dis. (CAD)		Carbuncle		Menstruation, heavy
	Thrombophlebitis		Enlarged heart		Cellulitis		Menstruation, skip/light
	Varicose Veins		Heart attack		Cold sores		Motion sickness
	Vascular headaches		Heart murmurs		Diaper rash		Muscular Dystrophy
	Constipation		Heart pounds hard		Eczema		Non-healing wounds
	Cravings		Heart valve disease		Fungal nail infection		Obesity
	Cysts (where ?)		High blood pressure		Hives		Painful bowel movements
	Diarrhea		Peripheral arterial disease		Pimples		Parkinson's Disease
	<b>Digestive Disorders</b>		Stroke / TIA		Psoriasis		Poliomyelitis
	Colitis		<b>Infections, Bacterial</b>		Rosacea		Rheumatic fever
	Crohn's Disease		E-coli		Shingles		Seizures
	Digestion too fast		Lymphatic (lymphangitis)		Vitiligo		Sluggish feeling
	Diverticulitis / osis		Necrotizing infections		Warts		Swelling / Edema
	Foul smelling bowel movements		Peritonitis		<b>Sexual issues</b>		Swollen glands
	Gallstones / kidney stones		Pneumonia		Erectile Dysfunction		Wake up tired
	Gastritis		Recurrent skin infections		Menopause		
	Gluten Intolerance (Celiac)		Furunculosis, carbunulosis		Prostate problems		<b>Spiritual</b>
	H. Pylori		Septicemia		Sexual dysfunction		Not a believer
	Heartburn / GERD		Staphy..strep..pneumo		Sexually transmitted diseases		No connection with God
	Indigestion		Severe acne		<b>Stress / Emotions</b>		Do not attend any church
	Inflammatory Bowel Dis. (IBD)		Wound Infections		Anger		
	Lactose Intolerant				Anxiety		
	Lower bowel gas/Flatulence				Concerned about health		
	Nausea				Depression		
	Ulcers				Difficulty concentrating		

Taking medications? / ¿Está tomando medicamentos? \_\_\_no \_\_\_yes/si  
If yes, the name, dosage and frequency / Si la respuesta es sí, el nombre, dosis y frecuencia

Name of Drug / Nombre del fármaco	Dosage / Dosis	Frequency / Frecuencia	For What Problem(s)? Para qué problema(s)?

*List any Vitamins, Minerals, Herbs, Supplements you are taking on the next page.  
Lista de las vitaminas, minerales, hierbas y suplementos que usted está tomando en la página siguiente.*

Eating Habits: (example: eating between meals, eat late, skip meals):  
Los hábitos alimentarios: (por ejemplo: comer entre comidas, comer tarde, saltarse las comidas):

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Drinking Habits: (example: drink with your meals; type of drinks: soda, liquor, juices, water):  
Hábitos de Consumo: (ejemplo: beber con las comidas; el tipo de bebidas: soda, licores, jugos, agua):

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Family Medical History / Historia médica familiar:

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Have you ever tried alternative medicines (example – chiropractor, naturopathic, etc.)

\_\_\_ no \_\_\_ yes. If yes, please list and for what problem.

¿Ha intentado alguna vez medicinas alternativas (por ejemplo, quiropráctico, naturopathic, etc. )

\_\_\_No \_\_\_ si . Si la respuesta es sí, por favor lista y para qué problema.

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List any surgeries or procedures you had and when it was done.

Lista de las cirugías o procedimientos que tenía y cuando se hizo.

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*List any Vitamins, Minerals, Herbs, Supplements you are taking*  
*Lista de las vitaminas, minerales, hierbas y suplementos que usted está tomando*

Name of Vitamin, etc. / Nombre de la vitamina, etc.	Dosage / Dosis	Frequency / Frecuencia	For What Problem(s)? Para qué problema(s)?

Are you currently under a doctor's care? \_\_\_No \_\_\_Yes. If yes, for what condition(s)?

¿Está bajo los cuidados de un médico? \_\_\_No \_\_\_Si. Si la respuesta es sí, para que condicion(es)?

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Please provide the name and telephone of a person to contact in case of emergency.

Proporcione el nombre y teléfono de la persona con la que contactar en caso de emergencia.

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*Return this entire health questionnaire with your deposit*  
*Volver todo este cuestionario de salud con su depósito*

## Checklist for Your Stay

Lista de verificación para su visita / estancia (SPANISH)



### PERSONAL ITEMS

### ELEMENTOS PERSONALES

#### Loose clothing - enough for the length of your stay

- Pants
- Shirts / blouses
- Socks
- Sweater or coat (depending on time of year weather)
- Sneakers or comfortable walking shoes
- change of under clothes
- Bathing suit (for hydrotherapy - if applicable)
- Robe
- Slippers
- Shower cap
- Pajamas
- Toothbrush & toothpaste
- Hair brush / comb
- Shampoo & conditioner

#### Misc.

- notebook for notes
- pen or pencil
- Bible
- Favorite reading material
- Prescription glasses
- Sunglasses
- Your medications
- \* Your medical supplies (glucose meter, strips, adult diapers and pads, cholesterol meter/strips, etc.)
- Vitamins/supplements/herbs
- Current medical reports

#### Ropa Suelta - suficiente para el tiempo de su estancia

- pantalones
- Las camisas/blusas
- Calcetines / medias
- Suéter o abrigo (dependiendo de la época del año / tiempo).
- Zapatos cómodo para andar
- el cambio de bajo ropa
- Traje de baño (para hidroterapia, si corresponde)
- Bata
- Zapatillas / chancletas
- Gorro de baño
- Pijama
- El cepillo de dientes & la pasta dentífrica
- El cepillo del pelo / peina (peinilla)
- Champú y acondicionador

#### Varias

- libro para notas
- pluma o lápiz
- Biblia
- Material favorito para leer
- Gafas de prescripción
- Gafas de sol
- Los medicamentos
- Sus suministros médicos (medidor de glucosa, tiras, pañales para adultos y las almohadillas, medidor de colesterol/tiras, etc.).
- Vitaminas / suplementos / hierbas
- Traiga los informes médicos actuales

You will be walking & possibly sweating, so bring changes of clothing

Bring appropriate clothing based on time of year (summer, winter, etc.)

Usted estará andando/caminando & sudando posiblemente, así que trae cambios de ropa.

Traen ropa apropiada basada en la época del año (el verano, el invierno, etc.)

Linens (towels and bedding) will be supplied by us

Linos (toallas y ropa de cama) será suministrado por nosotros

\* = There is an extra charge if our supplies are used

\* = Hay un recargo si nuestros suministros son utilizados

Pets are not allowed.

*No se admiten animales.*

Children not allowed unless they are going through the program. Please make arrangements for babysitting while you are here.

*No se admiten niños a menos que estén pasando por el programa. Por favor haga arreglos para la niñera mientras usted está aquí.*

Beacon of Hope Rejuvenation Lifestyle Center  
3534 Route 82, Millbrook, NY 12545  
(H) (845) 677-3093 (Jerry) (917) -658-4886  
(Anna) (845) 344-7434

### Directions from Mid-Hudson Bridge

(Coming off Mid-Hudson Bridge: Go straight. You are on Rte. 44/55 eastbound )  
Stay on 44/55 until you see it split in Poughkeepsie. Bear right and take 55 East  
You'll pass the Taconic Pkwy. At the first light pass the Taconic, you'll see Route 82 (northbound)  
Turn left at the light. House is 6.3 – 6.5 miles on the right side.

### FROM Bronx to Millbrook, NY.

#### From South (going northbound):

From Bronx River Pkwy. Starting at E. 233<sup>rd</sup> St.:

Bronx River Pkwy. Becomes Sprain Brook Pkwy.: Go about 16.4 miles before you see Taconic Pkwy sign.  
(you'll pass Interstate 287 and pass Westchester Medical Ctr.). These exits are estimated.

Exits you PASS on the Taconic (after the 1<sup>st</sup> exit). You will drive about 42 (?) miles to the exit in Poughkeepsie.

1. Rte. 100 / 133 Briarcliff Manor / Millwood
2. Rte. 134 Ossining
3. Go over Amvets Memorial Bridge
4. Rte. 202 / 35 Yorktown Hgts.
5. Rte. 132 – Shrub Oak
6. Peekskill Hollow Rd.
7. Rte. 301 E & W – Carmel Cold Spring
8. I-84 = (Danbury / Newburgh: Danbury I-84E and Newburgh I-85 W
9. Rte. 52 – Fishkill/Carmel
10. Beekman Rd. = Hopewell Jct. / Sylvan Lake
11. **Rte. 82 – Hopewell Jct.: 82 No. and 82 So. (Can get off on 82 North., turn right, drive approx. 9.7 miles)  
or continue:**
12. **Rte 55 = Pawling / Poughkeepsie: 55E Pawling and 55W Poughkeepsie. Take 55 East - THIS IS  
THE EXIT YOU WANT.**
13. At Route 82 (a light), turn left. Drive 6.3 – 6.5 miles to house on right.

From North on Taconic Pkwy.(going southbound): Get off the exit for Route 44 eastbound. Follow signs to  
44/82. (There is a Rte. 82 (north) that turns left – do **NOT** take this. Keep going straight. At the light, Route 82  
(south)– turn right. House is about 2.7 miles on left.



## Directions from Interstate 84

(Coming from East (Connecticut) or from West (Newburgh)  
Take I-84 to exit "Taconic Pkwy. North"

### 3534 Route 82, Millbrook, NY 12545

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To Millbrook, NY.

(Dutchess County)

Exits on Taconic Pkwy. once you get on from I-84:

1. I-84 = (Danbury / Newburgh: Danbury I-84E and Newburgh I-85 W
2. Hosner Mtn. Rd.
3. Rte. 52 – Fishkill/Carmel
4. Carpenter Rd.
5. Beekman Rd. = Hopewell Jct. / Sylvan Lake
6. Rte. 82 – Hopewell Jct.: **82 North**.  
(you can get off here and drive about 9.6 miles to destination) OR keeping going north to Rte. 55 East
7. Rte 55 = Pawling / Poughkeepsie: 55E Pawling and 55W Poughkeepsie. Take **55 East** - THIS IS THE EXIT YOU WANT.
8. At Route 82 (a light), turn left. Drive 6.2 – 6.5 miles to house on right.

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## Directions from Queens or Brooklyn

1. Pick up I-278 northbound/eastbound
2. In the Bronx, pick up the Bronx River Pkwy. – northbound
3. Continue on the Bronx River Pkwy. northbound – which becomes Sprain Brook Pkwy  
(It will be about 16.4 miles before you see signs for Taconic Pkwy.)
4. Sprain becomes Taconic Pkwy. (northbound)  
(It may be about 40+ miles to destination)

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## Directions from Long Island

1. Pick up I-495 westbound
2. I-295 northbound
3. I-95 northbound (Bruckner Expwy.– Hutchinson River Pkwy.)
4. Continue on 95 north to Cross County Pkwy. – westbound
5. Cross County Pkwy. westbound to Bronx River Pkwy. / Sprain Brook Pkwy. – northbound
6. Sprain Brook Pkwy. becomes Taconic Pkwy. – northbound
7. Follow directions on front or above.  
OR
8. 495 westbound to 295 northbound (Cross Bronx Expwy.) to Bronx River Pkwy. Northbound
9. Then follow instructions above  
OR
10. Hutchinson River Pkwy. North to I-684 North. Take to I-84 West. Take to Taconic Pkwy. North then follow instructions above.

## Beacon of Hope R.L.C.

*Beacon of Hope Rejuvenation Lifestyle Center was founded by Jerry Jamel and Anna Rodriguez-Jamel.*



Beacon of Hope was formed in 2001 with the intention of educating people as to the health principles which are built upon biblical understanding of health.

Beacon of Hope reaches out to people that are socially, physically, spiritually, chronologically, mentally and economically diverse, in the hope of making them aware of true health and teaching them to take responsibility for their own health and lifestyle.

We believe in dealing with the whole individual—physical, mental, emotional and spiritual. Therefore, our program and lectures are based on the person as a whole.

Beacon of Hope has worked successfully with individuals with the following conditions: Diabetes, heart disease, stress, degenerative diseases, digestive disorders, cancer, arthritis, high blood pressure, weight issues, skin disorders, allergies, and many others

We at Beacon of Hope believe in the integration of biblical counsel, medical research materials and variety of natural health principles. Using these methods to present the health message in a clear, easy-to-understand manner and in a step-by-step fashion, we believe all who participate in the program and lectures will benefit from a healthy lifestyle.

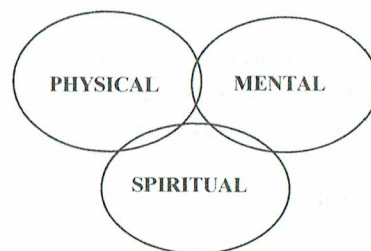
It is our prayer that you will be richly blessed and that God will anoint you with the wisdom and power to make changes in your life in order to achieve optimum health and to lead others into that healing place.

## What Others Are Saying.....

“The entire experience was truly remarkable. The retreat was a weekend getaway that really provided me with so much insight that I would recommend anyone who wants to really feel energized to visit Beacon of Hope.” (Arce! M.)

“Their holistic approach to better health not only makes you a healthier person, but also educate you on how to maintain that ever so important habit of staying healthy. The atmosphere is incredibly pleasant and private.” (Karl G.)

My time spent at Beacon of Hope RLC with Jerry, Anna and Tayna was great. I like the treatment and guidance on how to become healthy and live longer, and also to see through what is possible with nutrition. The lectures, videos and family environment is fabulous. I will definitely recommend Beacon of Hope RLC program to anyone and all my friends. I will be coming back with my family soon. Life saving program ! (Dominic)



**Above all else, I want things to go well with you and for your body to be healthy as your soul. 3 John 2**

## Cash & Credit Card Price List

# Beacon of Hope Rejuvenation Lifestyle Center



**Every day you invest in your health will pay you back for years to come !**

## Price List (Cash only)

## Price List (Credit Card)



### FIRST TWO DAYS (first person)..... \$ 395.00

(Room, treatment, lectures, materials, hydro-therapy, meals, follow up)

Spouse — 5% discount..... \$ 375.25

\*Child, first—10% discount..... \$ 355.50

\*Child, second—15% discount..... \$ 335.75

\* = Children under 14 yrs. of age.

All others are considered adults.

Returning Clients..... \$375.25

### DAYS THREE to TEN PROGRAM \$160.00/day (first person)

Spouse — 7% discount..... \$ 148.80/day

Child, first — 9% discount..... \$ 145.60/day

Child, second — 15% discount..... \$ 142.40/day

Returning Clients..... \$ 148.80/day

### Misc. Services

Phone Consultation..... N/C

Home Consultation (*client's home*)..... \$35.00/hr. \*

\* plus travel charge

Home Consultation (*our home*)..... \$25.00/hr.

(*does not include blood analysis or vitals*)

Massage Only (40 minutes)..... \$45.00

Massage w/ Steam Sauna OR Jacuzzi  
(65 min.)..... \$75.00

Steam/Sauna w/shower & resting..... \$65.00

Sauna OR Jacuzzi with Shower (30 min.)..... \$42.00

Glucose strips..... \$1.60 ea.

Our facility is hands-on so that you can implement changes in your life and be empowered to continue these changes at your home.

### FIRST TWO DAYS (first person)..... \$ 408.00

(Room, treatment, lectures, materials, hydro-therapy, meals, follow up)

Spouse — 5% discount..... \$ 388.45

\*Child, first—10% discount..... \$ 368.01

\*Child, second—15% discount..... \$ 347.56

\* = Children under 14 yrs. of age.

All others are considered adults.

Returning Clients..... \$388.45

### DAYS THREE to TEN PROGRAM \$165.63/day (first person)

Spouse — 7% discount..... \$ 154.03/day

Child, first — 9% discount..... \$ 150.72/day

Child, second — 15% discount..... \$ 147.41/day

Returning Clients..... \$ 154.03/day

### Misc. Services

Phone Consultation..... N/C

Home Consultation (*client's home*)..... \$36.23/hr. \*

\* plus travel charge

Home Consultation (*our home*)..... \$25.88/hr.

(*does not include blood analysis or vitals*)

Massage Only (40 minutes)..... \$46.58

Massage w/ Steam Sauna OR Jacuzzi  
(65 min.)..... \$77.64

Steam/Sauna w/shower & resting..... \$67.29

Sauna OR Jacuzzi with Shower (30 min.)..... \$43.48

Glucose strips..... \$1.62 ea.

Prices for lectures at your facility will vary based on location, accommodations and duration of stay.

### CLIENTS:

Microscope—Live & Dry Blood N/C -

Cell Analysis with DVD..... included

Returning Client (after 4 months)..... \$ 65.00

BioMedical Terrain..... \$ 160.00

Frequency Generator (*per treatment*)..... \$ 7.00

### NON-CLIENTS / CONSULTATION

Microscope—Live & Dry Blood Cell... \$ 65.00

Analysis with DVD (adult = 15yrs.+)

(same as above) - Children..... \$ 40.00

(under 14 years of age)

BioMedical Terrain..... \$175.00

Frequency Generator (*per treatment*)..... \$ 7.50

If non-client becomes a Client within two months of consultation date, the \$65 is deducted from the \$395

### TRAVEL CHARGES: (one way)

0—8 miles..... N/C

9—17 miles..... \$ 20.00

18—26 miles..... \$ 28.00

27—35 miles..... \$ 35.00

36—48 miles..... \$ 44.00

49 + and out of state..... \$ 55.00 +

(+ = mileage rate: .45 cents/mile)

Plus tolls, if applicable

### \* Travel Charges are to be paid up front

### AIRPORT CHARGES: (Round trip)

Stewart (SWF): \$90.00

LaGuardia (LGA): \$145.00

Kennedy (JFK): \$150.00

Albany (ALB): \$137.00

White Plains (HPN): \$115.00

Newark (EWR): \$155.00

Plus Tolls