

DEC 7-9 2017, SARASOTA, FL

# HUGGINS-GRUBE PROTOCOL TRAINING



## ENROLLMENT

On or BEFORE Nov 1 \$495.00/person  
(providers and each staff member)

On or AFTER Nov 2 \$595.00/person  
(providers and each staff member)

### NEW DENTISTS SPECIALS:

Less than 5 years out of dental  
school: \$395.00

Less than 2 years out of dental  
school: \$295.00



## SCHEDULE

Day1: Mercury 101 & 102

Day2: Root Canals 101

Day3: Cavitations and How to Run a  
True Biological Dental Office

Daily Class Schedule: 9am-5pm



each day = 24 CE credits  
(must be an IABDM member  
to receive CE credits)



## JUST FOR YOU

Registration is from 8:30am - 9:00am  
on Thursday December 7, 2017.

Lunch will be provided (on site) each  
day. Attendees will be able to order  
items from menu for lunch delivery.

Entertainment Thursday night at  
McCurdy's Comedy Theatre and  
Humor Institute at 7pm.  
Transportation will be provided.

## PRICES INCLUDE

- ✓ 24 CE credits for IABDM members
- ✓ Daily Lunch
- ✓ Thursday Evening Entertainment  
& Transportation
- ✓ Uniquely safe mercury  
removal, cavitation surgery,  
IV vitamin C, and how to operate  
a TRUE biological dental office.  
Information that cannot be  
found anywhere else.

## EXCLUSIVE TRAINING

Huggins - Grube Biological  
Dentistry training that can't be  
found anywhere else. Dr. Blanche  
Grube will cover many topics  
and will be available to answer  
the questions of attending  
dentists and staff.  
Topics will include how to  
protect both yourselves and  
your patients, how to help your  
patients prepare for a dental  
revision, and where to send  
them for detoxification support.

## REGISTER ONLINE

[HUGGINSAPPLIEDHEALING.COM/SARASOTA](http://HUGGINSAPPLIEDHEALING.COM/SARASOTA)



Hilton Garden Inn  
8270 N. Tamiami Trail  
Sarasota, FL 34243



941-552-1100

# REGISTRATION FORM

Huggins-Grube Protocol Training Presented By Dr. Blanche Grube

Winter 2017 Protocol Training  
Sarasota, FL • December 7th-9th  
Thursday, Friday & Saturday 9am-5pm

- All sessions will be held in the conference room marked Huggins-Grube Protocol Training
- Check-In is Thursday December 7th at 8:30am
- Classes begin promptly at 9am and end at 5pm each day
- Coffee, tea, water and Lunch will be provided daily

Thursday evening entertainment sponsored by

**DNA CONNECTIONS & BIOCOMP** LABS

Attending doctor's full name and credentials: \_\_\_\_\_

Attending staff or 2nd doctor's full name and credentials: \_\_\_\_\_

Additional attendees' full name and credentials: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Please check the following boxes to indicate your agreement:

- In order to ensure your seat(s) all forms and payments are due by November 6th
- There will be no refunds after November 1st. If you need to cancel, we will do everything we can to offer a suitable alternative, including attendance at the next available training
- Confirmation of receipt will be emailed within 7 days of receiving registration forms

## Attendee Details:

\_\_\_ On or BEFORE Nov 1 \$495.00/person  
(providers and each staff member)

\_\_\_ On or AFTER Nov 2 \$595.00/person  
(providers and each staff member)

### NEW DENTISTS SPECIALS:

\_\_\_ Less than 5 years out of dental school: \$395.00/person

\_\_\_ Less than 2 years out of dental school: \$295.00/person

## Payment Details:

Credit Card:    

CC#: \_\_\_\_\_

Exp: \_\_ / \_\_ CCV: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Signature \_\_\_\_\_

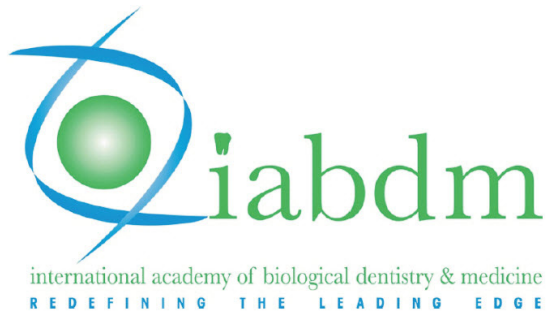
Check # \_\_\_\_\_

You may also call in the payment arrangements,  
but we still need this form faxed or emailed  
to make sure we have the details.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM!

Huggins Applied Healing • 4685 Centennial Blvd. COS, CO 80919  
ph: 866-948-4638 • fax: 719-548-8220 • shari@drhuggins.com

To Register or Book online visit [HugginsAppliedHealing.com/Sarasota](http://HugginsAppliedHealing.com/Sarasota)



## Application for Membership

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

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

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





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

Degree/Credentials: \_\_\_\_\_

Please indicate which membership you are applying for, all fees are annual membership dues:

- Doctor (DDS, DMD, ND, DC, DO, MD, PhD) Doctor (DDS, DMD, ND, DC, DO, MD, PhD)**
- Standard Member** \$495 in full or \$43/mo: includes address/phone number listed on website, referrals to your office, reduced fees to conferences, ability to attend mini meeting and certificate of membership
  - Elite Member** \$1000 in full or \$86/mo: includes standard member benefits along with a direct link to your website and a photo on our homepage as well as with your listing
- Affiliate/Non-Doctor** \$75: includes certificate of affiliate membership, reduced fees to conferences and ability to attend mini meetings
- Student** \$75: includes certificate of student membership, reduced fees to conferences and ability to attend mini meetings

### Payment Details

- Credit Card:    
- CC#: \_\_\_\_\_
- Exp: \_\_ / \_\_ CCV: \_\_\_\_\_
- Amount to be charged: \$ \_\_\_\_\_

Signature \_\_\_\_\_

- Check this box if you authorize monthly payments to be charged to this card (if making monthly payments)

Check # \_\_\_\_\_

attach business card here