

Dr. Huggins' Protocol Training

Presented by: Blanche Grube, DMD

Friday & Saturday 9am-5pm

December 12th & 13th 2014



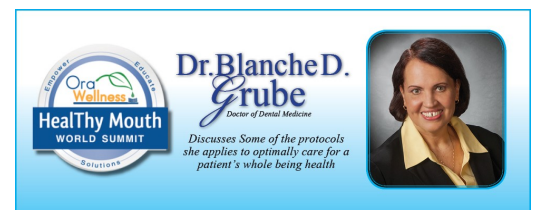
Your position as a dentist gives you a unique opportunity to positively influence your patient's health.

Come learn how to become a doctor of the oral cavity—not just a tooth architect!



Dentists and their staff can attend a seminar by Dr. Blanche Grube that will cover the following topics:

- Detailed discussion of the **patient protection protocol**
- How **sequential removal** of fillings effects **endocrine function**
- The purpose and operation of the **specialized equipment** used during a dental revision, including the Rita Meter and Negative Ion Generator
- What is a cavitation and how to treat them
- Benefits of **Intravenous Vitamin C & Lypo-Spheric Vitamin C**
- Relationship between **root canals, cavitations, implants** and the **immune system**
- How computerized programs can **educate your patients** as to how their diet affects their chemistry, and how supplements and dietary changes **increase their overall recovery**
- IABDM Sponsorship offers 16 CE credits available for complete attendance . (IABDM Membership is required to receive CE credits. We have attached a copy of Membership Application for IABDM if you would like to join.)
- Lunch included both days
- Hotel has free Airport Shuttle



Holiday Inn Express and Suites: Austin Airport

7601 East Ben White Boulevard , Austin, TX 78741

1-877-410-6667 1-512-386-7600

Rooms are \$129 per night with free breakfast

For Seminar Registration Call

1-866-948-4638

Friday & Saturday December 12th & 13th 2014

To return by fax send to: 719-548-8220

To return by mail send to: Matrix, Inc, 5082 List Drive, Colorado Springs, CO 80919

To register by phone please call: 866-948-4638

If you register by mail and have not been contacted within 7 days after sending your registration information call 866-948-4638 IMMEDIATELY.

Refund policy: If after registering for the seminar you cannot attend, please contact the office as soon as possible.

- Classes begin at 9am and end at 5pm Friday and Saturday in the conference room marked “Huggins Protocol Training.” Coffee, tea and water will be provided.
- Lunch break will be held from approximately 12pm until 1pm.
- Location will be determined by the group each day.

Accepted Credit Cards:



Other accepted payment methods:

**Personal Check or Money Order
to
Matrix, Inc.
5082 List Drive
Colorado Springs, CO 80919**

- | | |
|--|-----------|
| <input type="checkbox"/> Practicing Dentist | \$2000.00 |
| <input type="checkbox"/> Special - Second doctor in office | \$1800.00 |
| <input type="checkbox"/> Additional Staff Member 1 | \$500 |

Total: _____

Method of Payment

- Money Order
- Check
- Visa
- MasterCard
- Discover

Name

Billing Address

Phone

Credit Card #	CCV Code	Exp. date
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Signature



Creating Positive Health
Alternatives

Protocol Training Seminar Registry Form

Attending doctor's full name and credentials:

Attending staff (1st person) name and credentials:

Attending staff (2nd person) name and credentials:

Additional staff name(s) and credential(s):

Name of facility/office (if applicable):

Office Address:

Office Phone:

Office fax:

Secondary Phone:

Website:

Doctor's e-mail:

Please check the following that apply to your office:

- Do you currently work in the same office as a Protocol Trained Member?
- Have you received training from a Protocol Trained Member?
- Have you attended a seminar with Dr. Huggins before?
- Are you interested in a seminar on Body Chemistry by Dr. Huggins?
- Are you interested in a seminar on DNA and what to do with the findings by Dr. Huggins?
- Have you visited our website?

Does your office work in conjunction with other practices such as:

- Medical Doctors?
- Chiropractors?
- Massage/Acupressure Therapists?
- Naturopaths?

How did you hear about the Huggins Protocol Training Seminar?

Thank you!



international academy of biological dentistry & medicine
REDEFINING THE LEADING EDGE

Application for Membership

Date _____

Application for Membership

Name _____

Address _____

Phone _____ Fax _____ Cell _____

e-mail _____

Degrees _____

Please Circle which membership

Yearly Dues Doctor (DDS, DMD, ND, DC, DO, MD, PhD)

Standard member \$495 in full, or \$43 a month (address/ phone listed on website, referrals to your office, reduced fees to conferences, ability to attend mini meetings, certificate of membership)

Elite member \$1000 in full, or \$86 a month (standard membership benefits and direct link to your website, photo on homepage under Elite member and again with your listing)

Affiliate/Non Dr. \$75.00 (Certificate of affiliate membership, reduced fees to conferences, ability to attend mini meetings, certificate of membership)

Student \$75.00 (Certificate of student membership, reduced fees to conferences, ability to attend mini meetings)

Payment Circle one: MC Visa AMEX Check (Make payable to IABDM)

Credit Card # _____ Exp Date _____ Security Code _____

Signature _____

Remit to
IABDM
c/o Dawn Ewing Executive Director

