



Protocol Training Registration Form

Please complete this form and return via
 fax: 719-548-8220 email: Kim@DrHuggins.com
 or mail: Matrix, Inc, 5082 List Dr, Colorado Springs, CO 80919

Summer 2016 Protocol Training - Scranton, PA
August 18th, 19th & 20th 9am-5pm

- * All sessions will be held in the conference room marked **Huggins-Grube Protocol Training**
- * **Check-In** is Thursday at 8:30am
- * Classes begin **promptly** at 9am and end at 5pm each day
- * Coffee, tea and water will be provided
- * Lunch break will be provided between the hours of 12pm and 2pm

BioComp Labs and DNA Connections will be sponsoring the Daily Lunch and Learns. Be prepared for exciting information that will take your practice above and beyond the average Holistic Dental Facility.

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 April 7th
- There will be no refunds, 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:

__1st Practicing Dentist \$3200.00
 __Add'l Dentist(s) in Office \$3000.00 ea
 __Staff Member(s) \$500.00 ea

Payment Details:

Credit Card: MC VISA Discover AMEX
 CC#: _____ - _____ - _____ - _____
 Exp: __ / __ CCV: _____
 Amount to be charged: \$ _____
 Signature: _____

You may also call in the payment arrangements
 to 866-948-4638.

Check: # _____

Thank you for taking the time to complete this form!