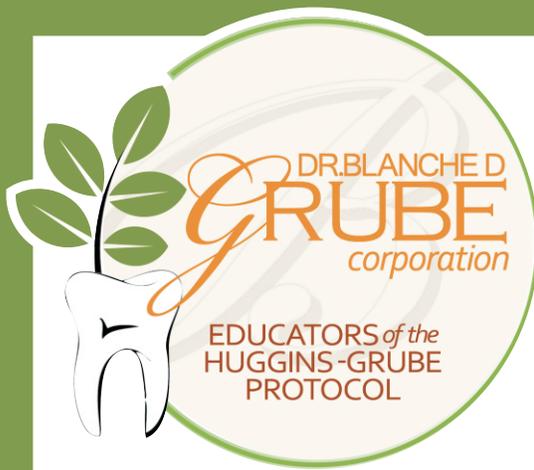


HUGGINS-GRUBE PROTOCOL TRAINING

Presented by:

BLANCHE D. GRUBE, DMD, IMD

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



In this newly extended program Dr. Blanche Grube will cover many topics and be able to answer the questions of attending dentists and their staff. Including how to protect yourselves and your patients, how you can help your patients prepare for a dental revision and where you should send them for detoxification support. The main topics of discussion will include:

- ❖ A detailed discussion of Dr. Huggins original patient protection protocol and the new measures that have been introduced since his original findings
- ❖ How sequential removal of fillings can affect the endocrine system and the importance of a 30-day time frame
- ❖ What are cavitations, how to detect them and most importantly how to treat them - this will include a **hands-on** experience
- ❖ The value of biocompatibility testing in your patients prior to treatment
- ❖ How root canals, cavitations and even implants, YES implants, can negatively effect the immune system, with supporting research articles & DNA findings
- ❖ Where are pathogenic bacteria lingering and how you can use this information to protect your patients - and your practice
- ❖ The purpose of the specialized equipment that should be utilized during a dental revision include the Rita Meter, Negative Ion Generator and "Snuffleupagus" including some hands-on operation
- ❖ Benefits of using Vitamin C before, during and after the revision whether intravenously or using a liposomal form. Including hands on IV training.
- ❖ Can a computerized report make all the difference in the outcome of a dental revision?
- ❖ 24 CE credits available to IABDM members who complete this entire course

Training Location:
Holiday Inn Express
Dickson City, PA 18519
570-307-4437

Please call the hotel directly to book your room and ask for the **Dr Grube room rate** to receive the special guest room rate of \$110.99 +taxes, rooms must be booked by August 1st to receive this rate.



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
Thursday, Friday & Saturday 9am-5pm

- * All sessions will be held in the conference room marked **Huggins-Grube Protocol Training**
- * **Check-In** is Thursday the 28th 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 would like to invite you to a dinner on Thursday evening after the day's session has ended. Time and location will be provided during the morning's welcome announcements.

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 August 11th
- There will be no refunds after August 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:

___ Practicing Dentist \$3200.00 each
___ Add'l Dentist(s) in Office \$3000.00 each
___ Staff Member(s) \$500.00 each

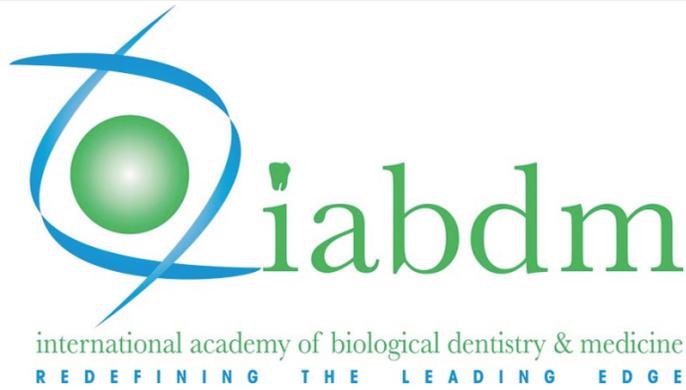
Payment Details:

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

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

Check: # _____

Thank you for taking the time to complete this form!



Date: _____

Application for Membership

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Degree/Credentials: _____

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

- 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: MC VISA AMEX
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