



SPRING Huggins-Grube PROTOCOL TRAINING

Presented by
Dr. Blanche Grube

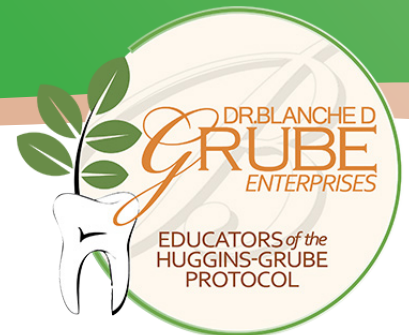


Spring 2017 Protocol Training
Chicago IL, April 20, 21 & 22
Thursday, Friday & Saturday 9am-5pm

In this newly extended program, 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.

The main topics of discussion will include:

- ✦ A detailed presentation of Dr. Hal Huggins' original "patient protection protocol," as well as additional measures that have been introduced by Dr. Grube
- ✦ How sequential removal of fillings can affect the endocrine system, and the importance of a 30-day time frame
- ✦ What cavitations are, how to detect them, and how to treat them -- including hands-on experience
- ✦ The value of biocompatibility testing in your patients prior to treatment
- ✦ How root canals, cavitations, and implants -- yes, even implants -- can negatively affect the immune system, with supporting research articles and DNA findings
- ✦ Where pathogenic bacteria are lingering, and how to use this information to protect both your patients and your practice
- ✦ The purpose of the specialized equipment utilized in a proper dental revision, including the Rita Meter, the Negative Ion Generator, and the "Snuffleupugas"
- ✦ The benefits of using Vitamin C before, during, and after dental revision, whether intravenously or liposomally -- including hands-on experience
- ✦ How a computerized detoxification report can make all the difference in the outcome of a dental revision



21 CE credits available to IABDM members who complete this entire course

HGP

Location: Hilton Garden Inn Chicago OHare Airport

2930 South River Road Des Plaines, Illinois 60018 TEL: 847-296-8900

Please call the hotel directly to book your room to receive the special guest room rate of \$109.00 + taxes. Rooms must be booked by March 19th to receive this rate.

FOR DISCOUNT ROOM RATE: Request the "Huggins-Grube Protocol Training rate".

To Register or Book online visit HugginsAppliedHealing.com/Chicago



REGISTRATION FORM

Huggins-Grube PROTOCOL TRAINING *Presented by* Dr. Blanche Grube

Spring 2017 Protocol Training
Chicago IL, April 20, 21 & 22
Thursday, Friday & Saturday 9am-5pm

- > All sessions will be held in the conference room marked Huggins-Grube Protocol Training
- > Check-In is Thursday the 20th at 8:30am
- > Classes begin promptly at 9am and end at 5pm each day
- > Lunch break will be provided between the hours of 12pm-1pm
- * Coffee, tea and water will be provided

DNA CONNECTIONS & BIOCOMP LABS

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 April 6th
- There will be no refunds after April 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

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

Payment Details:

Credit Card:    
CC#: _____
Exp: __ / __ CCV: _____
Amount to be charged: \$ _____

Signature _____

Check # _____

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/Chicago



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 # _____

