

SYMPOSIUM REGISTRATION FORM *(Download and Fill Out Form)*

***NOT AN HDA MEMBER? NEW MEMBERSHIP SPECIAL \$195 WITH MEETING REGISTRATION
REGULAR YEARLY FEE IS \$295***

Name: _____ Degree _____ New Member _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

AGD ID# _____ State and License # _____

Auxiliaries accompanying Doctor—Name Tags Required

WORKSHOP -- THURSDAY ONLY

Attendee or Office Auxiliary

Thursday-Friday, April 11 & 12

Attendee or Office Auxiliary

Friday-Saturday, April 12 & 13

Attendee or Office Auxiliary

3 Day Symposium, Thurs-Fri-Saturday

Attendee or Office Auxiliary

**CALL 305-904-4346 FOR FEES
AND TO REGISTER**

IF YOU ARE ATTENDING ON THURSDAY

CIRCLE ONE All-Day WORKSHOP A or B

A) 8AM-5PM Holistic Dentistry 101

Bernice Teplitsky DDS

B) 8AM-5PM Applied Kinesiology

for Dentists & Their Patients

James M Kennedy DDS

OR CIRCLE ONE AM & ONE PM WORKSHOP

AM 8AM-12PM

What's with that tongue? Traditional East Asian
Medicine Tongue Diagnosis for Dentists

Sina Smith MS, MA, LAc, MD

Dental Decoding-Theoretical & Practical Approach

Fabián Brotos DDS

PM 1PM-5PM

Ayurveda in Dentistry & Integrative Health

Kalpna Ranadive DMD, NMD, MDS, IBDM

Detoxification for Recovery, Vitality & Longevity

Christopher Shade PhD

Return the Registration to: director@holisticdental.org

Or mail to: Holistic Dental Association
1825 Ponce de Leon Blvd #148
Coral Gables, FL 33134

Or Register by Phone -- 305-904-4346

Call or email for more information

Date _____ Payment \$ _____

Check# _____

Check payable to Holistic Dental Association

Credit Card: Visa MC AmEx

Credit Card Number

Expiration: _____

CVV _____

Signature