

MEETING REGISTRATION FORM

Download & Fill Out Form

48th Annual Symposium of the Holistic Dental Association — April 3-5, 2025

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 Attending:

THURSDAY ONLY APRIL 3 WORKSHOP DAY

ALL-DAY WORKSHOP 8 hours

DDS/DMD \$600 RDH \$400 Aux \$300

OR

THURSDAY ONLY APRIL 3 WORKSHOP DAY

4 hour AM WORKSHOP & 4 hour PM WORKSHOP

DDS/DMD \$500 RDH \$400 Aux \$300

FRIDAY & SATURDAY ONLY – APRIL 4 & 5

DDS/DMD \$875 RDH \$575 Aux \$375

THURS FRI SAT WITH ALL-DAY WORKSHOP

DDS/DMD \$1375 RDH \$875 Aux \$575

THURS FRI SAT WITH AM & PM WORKSHOPS

DDS/DMD \$995 RDH \$695 Aux \$525

HDA MEMBERS PAY \$100 LESS THAN LISTED FEES

DISCOUNTS FOR MULTIPLE STAFF MEMBERS ATTENDING

BREAKFAST ON THURSDAY FRIDAY SATURDAY

LUNCH ON THURSDAY & FRIDAY

SATURDAY LUNCH—ON YOUR OWN

FRIDAY EVENING—EXHIBITORS & REFRESHMENTS

IF YOU ARE ATTENDING ON THURSDAY

Circle ONE All-Day Workshop (A or B):

A) 8AM-5PM New Trends in PRF and Exosome Therapy
Richard Miron DDS BMSC MSc PhD

B) 8AM-5PM Integrative Biologic Dentistry: A paradigm for
successful outcomes, THE BASIS FOR OZONE
Philip Mollica MS DMD MIAOMT NMD

OR Circle ONE AM (C or D) and ONE PM (E or F) Workshop:

C) 8AM-12PM Holistic Dentistry 101
Bernice Teplitsky DDS

D) 8AM-12PM Auriculoacupuncture & Acupressure for Dentists
Sina Smith MS MA LAc MD

E) 1-5PM A strong Dentist/Hygienist relationship in treating
Perio/Myo/Ortho

F) 1-5PM Clinical Nutrition: Silver Bullets
James M Kennedy DDS

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