

American College of Integrative Medicine and Dentistry

Presents: Dental Ozone / Oxygen Therapy 21st Century Dentistry :: One Non-Toxic Agent for All Infections

Please Print, Complete, and Return by Fax to 201-587-9366. Space is Limited = Register Now! (You can also scan the form and email to rockmolldental@gmail.com) Please Print Clearly or Return Home)

| First Name: | | Last Name: | | |
|---|---------------------------------|---|-----------------|--------------------------------|
| Are you a Practitioner? (Y/N): | | Designation (eg DDS, DMD): | | |
| Street Mailing Address: | | | | |
| City: | State: | Zip: | Col | untry: |
| Phone: | Fax: | Email: | | |
| How Did you Hear of ACIMD | | | | |
| I am a member of the Americ | | | ase check: | □Yes □No |
| I would like more information | about the AAO. Plea | ase check: □Yes □ |]No | |
| | | | | |
| | | – (14 AGD Credits, 2 Br side the Course You Wo | | |
| □ December 7 – 8, 2018 Sad Dr. Phil Mollica 392 Victor | | | n – 5:00 pm) | |
| ☐ January 18 – 19, 2019 Mia Dr. Ted Herrmann 9220 S | | | pm) | |
| ☐ February 8 – 9, 2019 Marb Dr. Stuart Nunnelly, 2100 | | | 5:00 pm) | |
| □ March 1 – 2, 2019 Tucson Dr. Jeanne Krizman, 1601 | | | n) | |
| | | | | |
| How would you like to pay for | the course? (Please | check one of the follo | wing options ar | nd complete the blanks): |
| □ VISA | □ Ма | sterCard | ☐ Discover | |
| Cardholder's Name (please prin | t clearly) | | | |
| VISA / MC / Discover Number _ | | | (CVC | Exp Date: |
| Cardholder's Signature: | | | | |
| To Register: Complete the form, then => Fax Questions?: Please review www.ozonecours | se.com or call Pam @ Tel: 201-5 | 87-0222 | | Quality Educational Experience |