



**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 [rockmoldental@gmail.com](mailto:rockmoldental@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:	Country:
Phone:	Fax:	Email:	
How Did you Hear of ACIMD's Courses?:			
I am a member of the American Academy of Ozonotherapy (AAO). Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I would like more information about the AAO. Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Ozone in Dentistry Certification Course – (14 AGD Credits, 2 Breakfasts, 2 Lunches Provided)**  
(Please Check The Box  Beside the Course You Would Like To Attend)

June 23 – 24, 2017 Louisville Kentucky USA = \$2750.00 USD (9:00 am – 5:00 pm) **SOLD OUT SOLD OUT**  
Offices of Dr. Robert Harris DMD, 3932 Dutchman's Lane, Louisville, Kentucky, USA 40207

July 7 - 8, 2017 Saddle Brook, New Jersey USA = \$2750.00 USD (9:00 am – 5:00 pm) **SOLD OUT SOLD OUT**  
Offices of Dr. Phil Mollica 392 Victor Street, Saddle Brook, New Jersey, 07663 USA

- October 20 - 21, 2017 Louisville KY USA = \$2750.00 USD (9:00 am – 5:00 pm)**  
Offices of Dr. Robert Harris DMD 3932 Dutchman's Lane, Louisville KY 40207 USA
- November 10 - 11, 2017 Bountiful (Salt Lake City) Utah USA = \$2750.00 USD (9:00 am – 5:00 pm)**  
Offices of Dr. Judson Wall, 235 South 400, Bountiful, Utah USA 84010
- November 10 - 11, 2017 Austin Texas USA = \$2750.00 USD (9:00 am – 5:00 pm)**  
Offices of Dr. Griffin Cole, 1301 West 25<sup>th</sup> Street, Suite 402, Austin TX 78705 USA

**How would you like to pay for the course? (Please check one of the following options and complete the blanks):**

- VISA  MasterCard  Discover

Cardholder's Name (please print clearly) \_\_\_\_\_

VISA / MC / Discover Number \_\_\_\_\_ (CVC \_\_\_\_\_) Exp Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**To Register:** Complete the form, then => Fax: 201-587-9366 or Scan it and Email it to [rockmoldental@gmail.com](mailto:rockmoldental@gmail.com).

**Questions?:** Please review [www.ozonecourse.com](http://www.ozonecourse.com) or call Pam @ Tel: 201-587-0222

**Note:** Registrations are not taken at the door; you must register ahead of time. Sizes of these classes are extremely limited to ensure a Quality Educational Experience = **Register Now!**

**Important Notice:** \$50 cancellation fee with 30-day notice.

Please Return this Registration Form by Fax to ACIMD from Canada/USA: 1-201-587-9366 or International: 001 201-587-9366  
Need more information? Have Questions? Please Call Pam @ 201-587-0222