American Dental Hygienists' Association Student Presentation Application

Application Deadline: March 31, 2010

Please read the Student Presentation Instructions and Guidelines before completing the application. All information must be completed in full before any application can be accepted. Questions? Contact student.relations@adha.net.

Please select one of the following presentations:

- ◯ Table Clinic
- ◯ Research Poster Session

Please indicate the appropriate registration fee:

- ◯ $40 If all participants are registered for Annual Session
- ◯ $100 If one or more participants are not registered for Annual Session

Presenter Information

Up to four presenters are allowed per presentation.

College/University: _____

First Presenter (Primary Contact)

ADHA Member ID: _____

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Second Presenter

ADHA Member ID: _____

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

American Dental Hygienists' Association

Third Presenter

ADHA Member ID:

Name:

Address:

Daytime Phone:

Email:

Fourth Presenter

ADHA Member ID:

Name:

Address:

Daytime Phone:

Email:

Student Advisor

Name:

Address:

Daytime Phone:

Email:

Program Director

Name:

Address:

Daytime Phone:

Email:

American Dental Hygienists' Association

Presentation Information

Title:

Objective:

Abstract/ Hypothesis and Research Summary

Your presentation will be evaluated on the objective and abstract. Please remember that failure to comply with the "Rules and Regulations" as well as the "Criteria for Preparing Your Research Poster Session or Table Clinic" will disqualify the presentation from active competition. This information can be found in the Student Presentation Instructions and Guidelines document. **The registration fee must be received in order to process the application.**

I hereby release and agree to hold harmless the American Dental Hygienists' Association and the proprietor and operator from any and all liability for damages or loss to my goods or property while located on hotel premises. This electronic form will accept the selection of this item as your signature.

DATE:

Submit by Email

Print Form