

**May 2-4, 2010**

**46th ANNUAL DENTAL STUDENTS' CONFERENCE ON RESEARCH**

**GAITHERSBURG, MARYLAND**

**INFORMATION ON STUDENT REPRESENTATIVES**

(To be returned to Ms. Jessie Elie, Division of Science, American Dental Association, Fourth floor, 211 E. Chicago Avenue, Chicago, Illinois 60611, by **Friday, March 12, 2010** – Telephone: 312/440-2527 - FAX 312/440-2536)

The student who will represent our institution at the Annual Dental Students' Conference on Research is:

**Student's Name:**

**(Please specify Mr. or Ms.)**

**Student's Mailing Address:**

**(For conference information  
and airline tickets)**

**E-mail Address:**

**Home Telephone Number:**

**Fax:**

**Student's Academic Year:**

SIGNATURE OF SCHOOL OFFICIAL

DATE

INSTITUTION

**Institution Contact Name, Telephone Number & Email Address:**

NOTE: The \$500.00 registration fee will cover the student's expenses related to his/her participation in the conference.

**Payment Options**

**\*Payment by check:**

Check must be made payable to the American Dental Association Foundation.

Check Number \_\_\_\_\_

**Credit Card:**  Visa  MasterCard  American Express

Exp. Date: \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Card Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**\*Payment by check: If you wish, you may FAX a completed copy of this form to Ms. Jessie Elie (312/440-2536) while you are waiting for the check to be processed.**

**Please retain a copy of this registration form for your records, and return the original with your payment.**

**PLEASE PRINT ALL INFORMATION**