

**AMERICAN ACADEMY OF FIXED PROSTHODONTICS**  
**Application for Poster Presentation**  
**61<sup>st</sup> Annual Meeting. Posters Presentations Program February 25, 2012**

**Please Type or Print**

<b>Presenter 1:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Degree(s): _____ <small style="margin-left: 100px;">Name</small>	
Institutional Affiliation: _____ <i>For inclusion in meeting program; Maximum 2 lines, 5 words each; May include professional title, institution, city &amp; state.</i>	
Mailing Address: _____ <small style="margin-left: 100px;">Street</small> <small style="margin-left: 200px;">City</small>	
_____ <small>State</small>	_____ <small>Postal Code</small>
_____ <small>Phone (Day)</small>	_____ <small>Phone (Evening)</small>
Fax: _____ <b>E-mail:</b> _____	
<input type="checkbox"/> AAFP Member <input type="checkbox"/> Non-member <input type="checkbox"/> Advanced Prosthodontic Student <input type="checkbox"/> Pre-doctoral Student <input type="checkbox"/> Certified Lab Technician <input type="checkbox"/> Other	
<b>Presenter 2:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Degree(s): _____ <small style="margin-left: 100px;">Name</small>	
Institutional Affiliation: _____ <i>For inclusion in meeting program; Maximum 2 lines, 5 words each; May include professional title, institution, city &amp; state.</i>	
Mailing Address: _____ <small style="margin-left: 100px;">Street</small> <small style="margin-left: 200px;">City</small>	
_____ <small>State</small>	_____ <small>Postal Code</small>
_____ <small>Phone (Day)</small>	_____ <small>Phone (Evening)</small>
Fax: _____ <b>E-mail:</b> _____	
<input type="checkbox"/> AAFP Member <input type="checkbox"/> Non-member <input type="checkbox"/> Advanced Prosthodontic Student <input type="checkbox"/> Pre-doctoral Student <input type="checkbox"/> Certified Lab Technician <input type="checkbox"/> Other	
<b>Title of the Presentation (12 word maximum):</b> _____ _____	
<b>Type of presentation: Must have a Poster</b>	
Poster      [ ] <i>(Must be free standing on table)</i>	
I (we) certify that all listed presenters' consent to the submission of this application and the attached abstract and that it has the approval of their academic program director.	
_____ Presenter 1 (Name)	_____ Date
_____ Presenter 2 (Name)	_____ Date
<b>Post Graduate Director or Mentor of Table Clinic:</b> _____	

**Check list:**

- ( ) I AM INTEREST IN PARTICIPATING IN THE PROSTHODONTICS EXCELLENCE AWARD
- [ ] Application form – every space must receive data or an “N/A” notice
- [ ] Abstract – one page, double spaced, 12 point size font

**APPLICANTS WILL BE NOTIFIED OF POSTER PRESENTATION ACCEPTANCE BY NOVEMBER 1, 2011 AND WILL RECEIVE MEETING REGISTRATION INSTRUCTIONS WITH THE NOTIFICATION.**