

AMERICAN ACADEMY OF FIXED PROSTHODONTICS
Application for Poster Presentation

Please Type or Print

Presenter 1: _____ Male Female Degree(s): _____
Name

Institutional Affiliation: _____
For inclusion in meeting program; Maximum 2 lines, 5 words each; May include professional title, institution, city & state.

Mailing Address: _____
Street City
State Postal Code Phone (Day) Phone (Evening)

Fax: _____ **E-mail:** _____

AAFP Member Non-member Advanced Prosthodontic Student Pre-doctoral Student Certified Lab Technician Other

Presenter 2: _____ Male Female Degree(s): _____
Name

Institutional Affiliation: _____
For inclusion in meeting program; Maximum 2 lines, 5 words each; May include professional title, institution, city & state.

Mailing Address: _____
Street City
State Postal Code Phone (Day) Phone (Evening)

Fax: _____ **E-mail:** _____

AAFP Member Non-member Advanced Prosthodontic Student Pre-doctoral Student Certified Lab Technician Other

Title of the Presentation (12 word maximum): _____

Type of presentation: Must have a Poster

Poster [] *(Must be free standing on table)*

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

Post Graduate Director or Mentor of Poster Presentation:

Full Name: _____

Signature: _____

Email address: _____

Check list:

I AM INTERESTED 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 DECEMBER 1ST, AND WILL RECEIVE MEETING REGISTRATION INSTRUCTIONS WITH THE NOTIFICATION.

ABSTRACT FORM:

TITLE OF THE PRESENTATION:

NAME/S OF PRESENTER/S:

ABSTRACT: