

## VERIFICATION FORM FOR STUDENT ADM CONFERENCE REGISTRATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

### STUDENT CLASSIFICATION FOR ADM CONFERENCE REGISTRATION

Student option only valid if you are currently enrolled as a student in an accredited education program

**Note:** Individuals who already hold a PhD degree are not eligible for Student Registration.  
Please send a confirmation letter of your student status from either a sponsoring member or your learning institutions and provide this completed form.

Projected Graduation Date: \_\_\_\_/\_\_\_\_(Month/Year)

Please attest the following by checking the applicable boxes:

- I do not have a PhD title  
 I am enrolled in a Masters, PhD, or dental degree program

Student Signature: \_\_\_\_\_

PROGRAM DIRECTOR/ADVISOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Program Director/Advisor Signature: \_\_\_\_\_

**Please return form to:**

**Academy of Dental Materials**  
4425 Cass Street, Suite A San Diego, CA 92109 USA  
Phone: 1 858-272-1018 Fax: 1 858-272-7687  
**Email: ADM@res-inc.com**