

## 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				
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				