

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				