



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