Academy of Dental Materials
Annual Student Award

NAME OF THE ADM MEMBER REQUESTING THE AWARD:

……
(according the ADM bylaws only ADM Members can request the Student Award)

Dental School: **Telephone #**

Date of Award Ceremony: **Fax #**

Contact Person: **E-mail**

Please **type or print** the following two sections below.

1. Fill in name, degree, institution, and year as you want them to be engraved.
(For example: John Q. Johnson, DMD
University of Sydney, 1999)

2. Shipping Address: (Your name, Department, College, University, Box No. Or Street Address, City, State, or Country, & Zip Code)

Please email this form to:

kelly@nso1.uchc.edu
Prof. J. Robert Kelly DDS, MS, DMedSc
ADM Secretary
Department of Reconstructive Sciences,
Center for Biomaterials
University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030-1615 USA
tel: ++ 860-679-3747
fax: ++ 860-679-1370