



Academy of Dental Materials Annual University Student Award Application

Note: As per the ADM bylaws only ADM Members in good standing may request the University Student Award

NAME OF THE ADM MEMBER REQUESTING THE AWARD:

FIRST NAME: _____ LAST NAME: _____

DENTAL SCHOOL: _____

DATE OF AWARD CEREMONY: _____

CONTACT PERSON: _____

CONTACT EMAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

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Please complete the following two sections below.

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

NAME: _____

UNIVERSITY AND YEAR: _____

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

SHIP TO ATTENTION: _____

SHIP TO ADDRESS: _____

ADDRESS: _____

SHIP TO CITY, STATE, POSTAL CODE: _____

3. Please email this form to:

Attn: ADM Administration, Admin@academydentalmaterials.org Cc Lynn@res-inc.com

Academy of Dental Materials

4425 Cass Street, Suite A | San Diego | CA | 92109 | Email: Lynn@res-inc.com

Phone: 858-272-1018 | Fax: 858-272-7687