



American  
Dental  
Hygienists'  
Association

Ohio

## Ohio Dental Hygienists' Association

### Student Table Clinic Application

Application Deadline: October 7, 2011

Please read the Table Clinic Guidelines before completing the application. All information must be completed in full before any application can be accepted. Contact [connie@chamm.net](mailto:connie@chamm.net) with any questions.

**Presenter Information** Up to four presenters are allowed per presentation.

College/University: \_\_\_\_\_

#### First Presenter (Primary Contact)

ADHA Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Second Presenter

ADHA Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Third Presenter

ADHA Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Fourth Presenter

ADHA Member ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Advisor**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Program Director**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Presentation Information**

Title: \_\_\_\_\_

Objective: \_\_\_\_\_

Abstract/Summary:

Your presentation will be evaluated on the objective and summary of your table clinic. Please remember that failure to comply with the rules and regulations as well as criteria set forth in the "Table Clinic Guidelines" document will disqualify the presentation from active competition. This information can be found on ODHA's website [www.odha.net](http://www.odha.net) under student info.

\_\_\_ I hereby release and agree to hold harmless the Ohio Dental Hygienists' Association and the proprietor and operator from any and all liability for damages or loss to my goods or property while located on hotel premises. Electronic submission will accept the selection of this item as your signature.

Date: \_\_\_\_\_



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## The Ohio Dental Hygienists' Association

### 2011 Student Reception

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The 2011 Student Awards will be presented during a comprehensive Student Program on Saturday, November 5<sup>th</sup>. Please indicate below the **one** advisor or program director that has been designated to attend the Awards ceremony with your group. Family and friends may also attend, but will be seated in the rear of the reception hall.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Student Presenters Attending: \_\_\_\_\_

Please return this form by **October 7, 2011**. You may submit applications to:  
[connie@chamm.net](mailto:connie@chamm.net)