



Ohio Dental Hygienists' Association

Research Poster Application

Application Deadline: October 5, 2019

Please read the Research Poster Guidelines before completing the application. All information must be completed in full before any application can be accepted. Contact ODHATableClinics@gmail.com with any questions.

This year we are offering the option of being judged to presenters. It is our sincere hope that all presenters will follow ADHA Guidelines, whether you are being judged or not.

Please indicate below whether you wish to be judged.

Yes, please include my Research Poster in the judging

No, I do not wish to be judged

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 abstract. Please remember that failure to comply with the rules and regulations as well as criteria set forth in the "Research Poster Guidelines" document will disqualify the presentation from active competition. This information can be found on ODHA's website 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: _____



The Ohio Dental Hygienists' Association 2019 Student Reception

The 2019 Student Awards will be presented after the Professional Issues Forum on Saturday, November 2nd. 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 5, 2019**.

You may submit applications to: ODHATableClinics@gmail.com