

MEMBER SPEAKER FORUM

ORAL PRESENTATION APPLICATION



45th Annual Session • Oct. 21 - 24, 2015 • Renaissance Orlando at SeaWorld • Orlando, FL

Member Speaker Forum Session: Friday, Oct. 23 • 11:30 a.m. - 3:45 p.m.

Please complete this form and return by email to education@prosthodontics.org by **Aug. 5, 2015**.

APPLICANT INFORMATION

I am currently a member of the ACP

Member ID #: _____

Presentation Title

Presenter First Name

M.I.

Last Name

Degree(s)

Institution/Affiliation/Private Practice Location (i.e. University of Minnesota or Chevy Chase, MD)

Email (required for communication purposes)

Phone

Co-Author First Name

M.I.

Last Name

Degree(s)

Institution/Affiliation/Private Practice Location (i.e. University of Minnesota or Chevy Chase, MD)

ABSTRACT SUBMISSION

Only one presenter per oral presentation. You may only submit one abstract. It must provide a clear and concise overview of your presentation in 350 words or less. Abstracts will be published on the ACP website pre and post-meeting. Please attach a separate PDF or Word file of your abstract and include in your email to education@prosthodontics.org. Please choose a topic:

Dental Implants

Occlusion

Other, please specify: _____

Fixed Prosthodontics

Evidence-based Dentistry

Removable Prosthodontics

Esthetics and Ceramics

Email completed application to:

Chair, Member Speaker Forum

Dr. L. Scott Brooksby

education@prosthodontics.org

You will receive email confirmation of your application.

If you do not hear from us within a week, please call the ACP at 312-573-1260.



Your smile.
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DISCLOSURE DECLARATION

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Please sign and date the ONE statement appropriate to your presentation.

For No Financial Interests:

I, the undersigned, declare that neither I nor any member of my family have a financial interest/arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program.

(PRINT NAME)

(Signature)

(Date)

To declare existing financial interests:

I, the undersigned (or an immediate family member), have a financial interest/arrangement or affiliation with a corporate organization offering financial support or grant monies for or related to the content of this continuing dental education program as follows. There is no need to disclose the actual financial value of any affiliation.

Affiliation/Financial Interest

Corporate Organizations

Employee, Full or Part-Time

Grant/Research Support

Consultant

Stock Shareholder (Directly Purchased)

Honorarium

Other Financial or Material Support

Owner/Part Owner

I understand that this form will be available for review by program participants.

(PRINT NAME)

(Signature)

(Date)

Having an interest in or an affiliation with the corporate organization does not necessarily prevent you from making the presentation, but the relationship must be made known to the audience. Failure to disclose or a false-disclosure will require The American College of Prosthodontists to remove you from the program and to identify a replacement for your participation.