



Washington

Dental Hygienists' Association

2018 Poster Session Competition
Application Deadline: March 5th, 2018 at 4:00 pm

Download and complete this form on your computer then fax, or e-mail it to WDHA.

Place an "X" next to the appropriate application fee

\$30 all clinicians are required to be student members of WDHA/ADHA

Place an "X" next to the appropriate payment method

Table with 2 columns: checkbox, text (Check payable to WDHA is enclosed, Check payable to WDHA sent separately)

Table with 2 columns: checkbox, text (Memberships Confirmed, Payment Confirmed)

This box for office use only

Submit application by: E-mail: wsdha@comcast.net
Fax: (425) 771-3201
Mail: PO Box 389
Lynnwood, WA 98046-0389

Presentation Title [input field]

ADHA Student Chapter / Dental Hygiene Program Name [input field]

List the clinicians - a maximum of four (4) clinicians are allowed per poster. *NOTE: the fee of \$30 only needs to apply once, not per person. One person may present the poster under the same application fee and guidelines.

Form for Clinician 1: ADHA ID #, Contact Phone, Street Address, City & State, Zip

Form for Clinician 2: ADHA ID #, Contact Phone, Street Address, City & State, Zip

Form for Clinician 3: ADHA ID #, Contact Phone, Street Address, City & State, Zip

Form for Clinician 4: ADHA ID #, Contact Phone, Street Address, City & State, Zip

* Director/Advisor of your Dental Hygiene Program

Program		ADHA ID #	
Director/Advisor		Contact Phone	
Email			
Street Address			
City & State		Zip	

* Faculty Mentor/SADHA Mentor for this poster session (if different than the director/advisor)

Faculty Mentor		ADHA ID #	
Email		Contact Phone	
Street Address			
City & State		Zip	

Enter a one-paragraph statement on the value of undergraduate research, and specifically this presentation, in terms of the current and future professional plans of your poster session (limit to 150 words).

Presentation Title	
Objective	
Abstract Body <i>maximum 250 words</i> Times New Roman font size 12	

Judging of the poster session will be conducted using a given evaluation form. Please remember that failure to comply with **Rules and Regulations within the Guidelines for the individual Poster Session** will disqualify the presentation from active competition. The application fee and an electronic copy of the completed application must be received by the deadline in order to process the application.

Release Statement: place an "X" in the box to the left of the statement

	I (we) hereby authorize posting of all materials, (title, objective, abstract, clinician names, ADHA Student Chapter, and photograph) on the Washington State Dental Hygienists' Association website and on Symposium for Oral Healthcare Professionals attendee materials. I (we) also hereby release and agree to hold harmless the Washington State 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 the venue premises. This electronic form will accept the selection of this item as your signature(s) *.
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*Sign and date below if sending application by mail.

Date & Signature of Clinician 1

Date & Signature of Clinician 2

Date & Signature of Clinician 3

Date & Signature of Clinician 4