

**STAR OF THE SOUTH DENTAL MEETING
SCIENTIFIC TABLE CLINICS PROGRAM - FEBRUARY 20, 2020
PRESENTER/JUDGE REGISTRATION FORM**



Registration Deadline: Friday, January 3, 2020. No late registrations will be accepted! Registration to the Star of the South Dental Meeting is also required. Please register online at www.starofthesouth.org.

CLINIC TITLE: _____
** Please list title exactly as it should appear in the program*

CATEGORIES: Dentist Dental Student Hygienist
 Dental Assistant Dental Assistant Student Hygiene Student
 Administrative Assistant Specialist

PRESENTER:
(Dr., Mr., Mrs., Ms.)
Presenter's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

E-mail: _____

School (if student): _____

ASSISTING PRESENTERS:
(Dr., Mr., Mrs., Ms.)
Full Name: _____

Full Name: _____

Full Name: _____

Full Name: _____

Faculty Sponsor Name (not presenting): _____

**All sponsors planning to attend Table Clinics with presenter(s) must be registered for the Star of the South Dental Meeting.*

TABLE CLINIC REQUIREMENTS:

____ **YES! I UNDERSTAND THAT MY PRESENTATION WILL BE IN THE FORM OF A POSTER.**

Number of electrical outlets: (Please select one): 0 or 1

If applicable, list the type of AV/electrical equipment to be used: _____

***The STAR does not provide audio visual or electrical equipment.**

TABLE CLINIC JUDGING: **YES! I WANT TO JUDGE TABLE CLINICS.**

Full Name: _____

Day Phone: _____ Fax: _____

Email Address: _____

Questions? Please contact Jennifer Smith at (713) 961-4337 ext. 103 or jsmith@ghds.org.

Send this form to: Star of the South Dental Meeting • One Greenway Plaza, Ste. 110 • Houston, TX 77046

Attn: Jennifer Smith, Fax: (713) 961-3617 or Email: jsmith@ghds.org