

UNIVERSITY OF WASHINGTON SCHOOL OF DENTISTRY
OHS Graduate Student Conference Award Application

Please email your completed application, written confirmation of presentation and conference registration fee info (if applicable) to

ohsgrad@uw.edu

Applications are reviewed on a rolling basis.

Applicant Name:

Applicant E-Mail:

Mentor Name:

Mentor Email:

Conference name:

Conference dates:

Abstract Title:

Project Abstract: *In the space below paste your abstract.*

Applicant Signature:

Date_____