



# American Prosthodontic Society Annual Student of Merit Award Application

## NAME OF THE APS MEMBER REQUESTING THE AWARD:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DENTAL SCHOOL: \_\_\_\_\_

DATE OF AWARD CEREMONY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

.....

Please complete the following two sections below.

### 1. Fill in name, degree, institution, and year as you want them to be printed on the certificate. (For example: John Q. Johnson, DMD University of Sydney, 1999)

NAME: \_\_\_\_\_

UNIVERSITY AND YEAR: \_\_\_\_\_

### 2. Shipping Address: (Your name, Department, College, University, Box No. Or Street Address, City, State, Country, & Zip Code)

SHIP TO ATTENTION: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SHIP TO CITY, STATE, POSTAL CODE: \_\_\_\_\_

### 3. Please email this form to:

Attn: APS Administration, [Lynn@res-inc.com](mailto:Lynn@res-inc.com)

#### American Prosthodontic Society

4425 Cass Street, Suite A | San Diego | CA | 92109 | Email: [Lynn@res-inc.com](mailto:Lynn@res-inc.com)

Phone: 858-272-1018 | Fax: 858-272-7687