THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER COLLEGE OF DENTISTRY

30th HINMAN STUDENT RESEARCH SYMPOSIUM

ABSTRACT AND REGISTRATION FORM

October 30 - November 2, 2025 | PEABODY HOTEL | MEMPHIS, TN

STUDENT PARTICIPANT	REGISTRATION FEE	REGISTRATION FEE NEW	
Name	\$50.00 (USD) registration fee per student. Submit the registration form with a copy of the Abstract, 300 words or less (please see the 'Registration Information' for detailed for		
Phone			
E-mail			
Institution	instructions) in WORD format as an attachment		
Male Female	to: HinmanSymposium@uthsc.edu Remember to include a title, the names of all		
Emergency Contact's Full Name			
Emergency Contact's Telephone Number	authors, and the name of	your school.	
Please indicate your current status:	Please check your preference		
Dental Student	Oral presentation	Poster presentation	
Year 1 Year 2 Year 3 Year 4			
DDS/PhD Student	Please select your Submission Category		
Year 1 Year 2 Year 3 Year 4	Basic Science	Clinical Research	
Graduate Student	Biomaterial	Technology	
Masters Program PhD Program			
Other Please specify	Please select your Submission Sub-Category for the options already listed:		
Please let us know if you have any dietary restrictions:	Biomaterial	Stem Cell	
	Tissue Engineering	Oral Cancer	
	Pathobiology	Public Health	
	Oral Health	Telehealth	
FACULTY RESEARCH MENTOR	Restorative Dentistry and Implantology		
	Inflammation	Infection	
Name	Immune Response		
Institutional			
Phone	Please proofread your al Abstract and registration	bstract before submitting.	
Email	Monday, September 8, 2		
DEAN OR DIRECTOR OF RESEARCH			
Name			
Title			
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