

# 27th HINMAN STUDENT RESEARCH SYMPOSIUM

## ABSTRACT AND REGISTRATION FORM

OCTOBER 28-30, 2022 | PEABODY HOTEL | MEMPHIS, TN

### STUDENT PARTICIPANT

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Male      Female

Undergraduate Student

Dental Student

Year 1      Year 2      Year 3      Year 4

DDS/PhD Student

Year 1      Year 2      Year 3      Year 4      Other

Graduate Student

Masters Program      PhD Program

Other Please indicate \_\_\_\_\_

1. Mail, fax, or scan and email this signed form with a printed copy of your abstract

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Remember to include a title, the names of all authors, and the name of your school.

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Oral presentation

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**Please proofread your abstract before submitting.**

**Abstract and registration deadline:**  
**August 31, 2022**

### FACULTY RESEARCH MENTOR

Name \_\_\_\_\_

Title \_\_\_\_\_

Institutional Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

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Signature \_\_\_\_\_

### DEAN OR DIRECTOR OF RESEARCH

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_