

# Academy of Operative Dentistry

## 2009 Table Clinic Application

Please return this application form no later than July 3, 2008 to:

Dr. J. William Robbins  
1202 East Sonterra Boulevard, Suite #402  
San Antonio, Texas 78258  
Phone (210) 341-4409  
email: [robbinsdds@aol.com](mailto:robbinsdds@aol.com)

Acceptance notification will be made by August 8, 2008

(Please print)

Name of Clinician: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax#: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Title of Proposed Table Clinic: \_\_\_\_\_

Synopsis of Proposed Table Clinic (3 sentence maximum: to be published in program):

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The Academy will accept only 30 clinics, and all of those will be furnished an appropriately draped table.

Please check below to indicate your additional needs.

- Power and Screen
- Screen only

**The Academy cannot provide any computer or LCD/video support. Lap top computer presentations relying on computer screens are not acceptable since viewing is difficult for attendees. Pre-recorded soundtracks are not approved for use on the Academy table clinic program. Poster backdrops are not available from the hotel.**

In appreciation for your willingness to contribute to the program, the Academy will provide **one complimentary registration** for one clinician presenting each accepted scientific table clinic. Other co-presenters and presenters from study club tables will be required to pay the appropriate registration fee. The Academy will meet in Chicago on February 25-27, 2009. You will be advised of the exact date and time of your presentation if it is accepted. Please return this application at the earliest possible date as proposed table clinics will be considered for acceptance according to the needs of the program **and** the date of receipt of the application. Fiduciary statements will be sent to clinicians after acceptance. **Table clinics representing or advertising a commercial company will not be accepted.**



# Academy of Operative Dentistry

## Statement of Fiduciary Interest

It is the policy of the Academy of Operative Dentistry that all practice-related speakers/clinicians at any program sponsored by the Academy shall complete a statement of fiduciary interest regarding any interest in a company or a product related to the program as a part of their Speaker's/Clinicians Agreement with the Academy. Furthermore, any portion of the following information can be shared with the membership and/or attendees of the program if determined that it would be of significant value to the attendees to gain perspective on the program.

In accordance with this policy, I \_\_\_\_\_  
Declare that I have no proprietary, financial or other personal interest of any nature or kind in any product, service and/or company that will be discussed or considered during the proposed program, except the following: \_\_\_\_\_  
\_\_\_\_\_

I declare that I have no proprietary, financial or other person interest of any nature or kind in any firm beneficially associated with any product and/or service that will be discussed or considered during the proposed program, except the following: \_\_\_\_\_  
\_\_\_\_\_

I declare that I have no past or present financial interest, consulting position or other involvement of any nature or kind related to the program that could give rise to even a suspicion of a conflict to interest, except the following: \_\_\_\_\_  
\_\_\_\_\_

Furthermore, I understand and agree that as a condition for participating as a speaker at an Academy of Operative Dentistry sponsored program, I will exercise particular care that no detriment to the Academy will result from conflicts between my interests and those of the Academy.

Having read and understood the Academy's policy and having completed this statement to the best of my knowledge and belief, I agree to be bound by the terms hereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prospective Clinician