

# 29th HINMAN STUDENT RESEARCH SYMPOSIUM

## ABSTRACT AND REGISTRATION FORM

NOVEMBER 1-3, 2024 | PEABODY HOTEL | MEMPHIS, TN

### STUDENT PARTICIPANT

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Institution \_\_\_\_\_

Male  Female  Prefer not to answer

Emergency Contact's Full Name \_\_\_\_\_

Emergency Contact's Telephone Number \_\_\_\_\_

#### Please indicate your current status:

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 \_\_\_\_\_

Please let us know if you have any dietary restrictions:

\_\_\_\_\_  
\_\_\_\_\_

### FACULTY RESEARCH MENTOR

Name \_\_\_\_\_

Title \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

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

2. Send the abstract (up to about 300 words) in Word format as an attachment to: [HinmanSymposium@uthsc.edu](mailto:HinmanSymposium@uthsc.edu)

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

#### Please check your preference

Oral presentation  Poster presentation

#### Please select your Submission Category:

Biomaterial  Stem Cell  Tissue Engineering

Oral Cancer  Pathobiology

Public Health  Oral Health  Telehealth

Restorative Dentistry and Implantology

Inflammation  Infection  Immune Response

#### Please proofread your abstract before submitting.

#### Abstract and registration deadline:

**Saturday, August 31, 2024, 11:59pm, CST**

### DEAN OR DIRECTOR OF RESEARCH

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_