



# IADR

INTERNATIONAL ASSOCIATION  
FOR DENTAL, ORAL, AND  
CRANIOFACIAL RESEARCH

1619 Duke Street, Alexandria, VA 22314-3406, USA  
Telephone: +1.703.548.0066 ▲ Fax: +1.703.548.1883  
Email: registration@iadr.org ▲ Web: www.iadr.org

## CERTIFICATE OF ELIGIBILITY FOR STUDENT MEMBER STATUS or STUDENT NON-MEMBER REGISTRATION

The expected date of completion of my education course or program is \_\_\_\_\_  
(Month/Year)

I understand that my eligibility for student membership fees is based on my full-time enrollment in an educational course or program. Upon completion, I will become liable for the payment of full fees applicable to Members.

### IADR Bylaws Section A.2.C

**STUDENT MEMBER:** A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in dental research. Student members must become Members when eligible or be dropped from membership. Individuals may be classified at the Student level for no more than 8 years. The Student Member shall have all the rights and privileges of membership but shall have no vote.

If I am registering for the IADR/AADOCR/CADR General Session as a student non-member, I understand that this form must be completed to allow me to register at the student-non member rate.

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Student Name (print or type)

\_\_\_\_\_  
Student Signature

### Student Type - Please select your current student type below.

- |   |   |
|---|---|
| <input type="checkbox"/> College, University, pre-Dental or Secondary Student | <input type="checkbox"/> PhD Student with no professional degree          |
| <input type="checkbox"/> DDS/DMD or BDS Student                               | <input type="checkbox"/> PhD Student after professional degree            |
| <input type="checkbox"/> MD or DO Student                                     | <input type="checkbox"/> Dual Degree Program Student                      |
| <input type="checkbox"/> Masters Student with no professional degree          | <input type="checkbox"/> Post-doctoral (Dental or Medical Fellow and PhD) |
| <input type="checkbox"/> Masters Student after professional degree            | <input type="checkbox"/> Other  |

### Enrollment Attested

\_\_\_\_\_  
Name and Title of Dean or Faculty Advisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date