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| iadr_logo.gif | Nomination**IADR ANZ Division Investigator Award** **in Preventive and Community Dentistry** |
|  Australian and New Zealand Division |

**Applicant's Personal Details:**

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| **Family name:** |  |
| **Given names:** |  |
| **IADR membership number:** |  |
| **Organization:** |  |
| **Postal Address:** |  |
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| **Attachment checklist:** |  |
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| **[ ] Paper** | a reprint of a research paper published within the last three years **or** the typewritten manuscript of a paper which has been accepted for publication |
|  **[ ] Letter**  | One page letter indicating:* that the Award has not been won previously
* when and where the research covered by the paper was carried out.
* if the paper is under joint authorship that the applicant performed most of the research and is the principal author. This statement must be signed by the candidate and all co-authors.
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| **[ ] Curriculum Vitae** |  |
| **Submission:** |  |
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