



**TRAVEL GRANT:  
AMERICAN DENTAL EDUCATION ASSOCIATION  
FALL MEETING**

**DEADLINE FOR APPLICATIONS**

**Two weeks prior to the ADEA Fall Meeting**

The Foundation for Endodontics will provide funding for one program director from each accredited endodontic program in the United States and Canada to attend ADEA's Fall Meeting if a program representative was not sent to the ADEA Annual Meeting. The attendee will be reimbursed for expenses following the meeting. Up to \$1,400 per attendee is available to cover the cost of registration, lodging and travel to the meeting (applicants must provide receipts for the reimbursable expenses to the development coordinator following the ADEA annual meeting, funds will not be distributed until this occurs). Reimbursements will occur no later than 60 days following the receipt of expense documentation.

**ELIGIBILITY**

Applicants must be program directors as defined by their respective institutions, and must be teaching in an accredited U.S. or Canadian dental school or medical center. Along with this form, the applicant must provide a letter from the institution's dean or administrative head confirming:

- The school's criteria for classification as a full-time faculty member; and
- The individual's status as a full-time faculty member.

**APPLICATION INFORMATION**

Name: \_\_\_\_\_

Academic title: \_\_\_\_\_

Institution: \_\_\_\_\_

Number of hours/day spent teaching: \_\_\_\_\_

Name and title of person verifying teaching status: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_

Applicant's e-mail: \_\_\_\_\_

Applicant's social security number: \_\_\_\_\_

**Return this form with the necessary attachment to:**

Development Coordinator  
211 E. Chicago Ave., Suite 1100  
Chicago, IL 60611-2691  
[ahoule@aae.org](mailto:ahoule@aae.org)

Fax: 866/451-9020 (North America) or 312/266-9867 (International)  
Phone: 800/872-3636 (North America) or 312/266-7255 (International)