



**EDUCATOR GRANT
FOR AAE ANNUAL MEETING**

DEADLINE FOR APPLICATIONS

Two weeks prior to the AAE's annual meeting

THE GRANT

The Foundation for Endodontics will provide AAE educator members reimbursement for one-half the AAE's annual meeting registration fee and \$500 for travel expenses. Full-time educators who are *invited* to present during a track at the annual meeting will receive reimbursement for the total cost of registration (this does not include submitted presentations). Applicants will receive confirmation of their eligibility two weeks prior to the annual meeting (to confirm sooner, please contact Foundation staff). Applicants should complete the registration process and pay in full for registration; reimbursement will occur no later than 4 – 6 weeks following the close of the meeting.

ELIGIBILITY

Full-time educators who meet the criteria listed below are eligible.

The applicant must be a full-time educator as defined by their respective institution.

1. Applicants must be involved in predoctoral and/or postdoctoral teaching (graduate endodontic programs/GPR programs/AEGD programs).
2. Applicants may be general dentists, researchers or endodontists, but must be members of the AAE. Nonmembers must file a membership application to be eligible.
3. Applicants must be teaching in accredited U.S. or Canadian dental schools or medical schools/centers.
4. Applicants must participate in one of the following activities at the annual meeting:
 - a. Present during educational track at annual meeting;
 - b. Present oral or poster research or table clinic;
 - c. Serve as a judge or moderator for oral or poster research or table clinic;
 - d. Serve as a member of an AAE committee; or
 - e. Mentor a student presentation.

Along with the completed form, the applicant must provide a letter from the institution's dean or administrative head confirming:

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



**EDUCATOR GRANT
FOR AAE ANNUAL MEETING**

Name _____

Academic Title _____

Institution _____

Number of Hours/Days Spent Teaching _____

Mailing Address _____

City/State/Zip/Country _____

Phone _____ Fax _____

Email _____

Social Security Number (must have to issue check) _____

Person Verifying Teaching Status _____

Title _____

PARTICIPATION IN THE ANNUAL MEETING

- | | |
|---|---|
| <input type="checkbox"/> Presenter (educational track) | <input type="checkbox"/> Committee Member |
| <input type="checkbox"/> Oral, Poster, Table Clinic-Presenter, Judge or Moderator | <input type="checkbox"/> Student Mentor |

MEMBERSHIP

I am an AAE member. Member Number: _____

I have applied for AAE membership

Date submitted application _____

Return this form with the necessary attachment no later than two weeks before the AAE's annual meeting, to:

Development Coordinator
211 E. Chicago Ave., Suite 1100, Chicago, IL 60611-2691
Fax: 866/451-9020 (North America) or 312/266-7255 (International)
Email: ahoule@aae.org