

**Academy of Operative Dentistry
2018 Projected Clinic Application Form**

Name of Proposed Clinician:

Address:

Office Phone:

Cell Phone:

Email Address:

Title of Projected Clinic:

Synopsis of Projected Clinic:

Learning Objectives:

Video Clip Submitted: Yes or No

Submit to chrismackdds@hotmail.com or

**Chris Mack, DDS
3008 H. G. Mosley Pkwy.
Longview, TX 75605**

DEADLINE: September 15, 2017