

Title of the case

Name & year of PG/UG _____

Year of graduation _____

Address _____

Telephone _____

Email _____

University _____

Dental school _____

Supervisor# _____

Head of Department## _____

Reference **: _____

- Has to be mentioned at anytime ***
- Maybe mentioned if wanted by Dentsply
- No reference should be made at all

Herewith I agree that the provided pictures/text may be used by DENTSPLY for any purpose like technical documentation, lectures, duplicated slide presentations and advertising.

Date, Signature of student

Signature CO-Signed by HOD or Dean with Chop

- * To be filled in for each case separately.
- ** Please fill in the exact word of the reference.
- *** Please check ONE of the following options to determine the usage of you reference.

DENTSPLY cannot be held responsible for the any loss of entries during submission.
The decision of the judges is final and no appeal by any of the contestants will be entertained.
##An Entry is not considered valid unless it is cosigned by the participant's supervisor and head of department.

DENTSPLY reserves the right to stop the contest at any given time without notifying any of the participants.