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**Poster Prize Application Form**

**Please refer to the Guidance for Applicants when completing this form.**

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| **Group (Please delete as appropriate):** | 1. **Dental Care Professional (DCP)** 2. **Dental Core Trainee /Foundation Dentist (CT/DF)** 3. **Specialist Trainee Clinical /Specialist Trainee Academic** 4. **Dentists** 5. **Allied Health Care Professionals or other (e.g. researcher)** |
| **Category (Please delete as appropriate):** | 1. A Clinical Case Study 2. Audit /Service Evaluation / Quality Improvement / Innovation project 3. Research project |
| **Title of Poster** |  |
| **Authors** |  |
| **Abstract (250 words)** |  |