

# STUDENT ROOM CHAIR APPLICATION

UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF DENTISTRY & SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF DENTAL MEDICINE

**DEADLINE: NOVEMBER 1, 2008**

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

Address: \_\_\_\_\_

City/State and Country/Zip or Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Class level for 2008-2009:  Sophomore  Junior  Senior

Dental school:  UIC  SIU

I prefer to volunteer:

- Two half-days
- One full day
- Thursday, February 26, 2009
- Friday, February 27, 2009
- Saturday, February 28, 2009
- Sunday, March 1, 2009

Subjects of interest: \_\_\_\_\_

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*CDS will make every effort to assign volunteers to the subject matter of their choice.*

**MATERIALS MUST BE POSTMARKED NO LATER THAN NOVEMBER 1, 2008.**

Mail this application along with your essay and academic grant application to Dr. Aloysius Kleszynski, Director of Scientific Programs to the address listed below. Faxed applications will not be accepted.



**CHICAGO DENTAL SOCIETY**

401 N. Michigan Ave., Suite 200 • Chicago, IL 60611-5585 • Phone: (312)836-7300 • [www.cds.org](http://www.cds.org)