

Academy of Dentistry International

Continuing Dental Education Survey

Fellow name _____

Contact Information _____

Email: _____

Telephone: _____ Fax _____

Address: _____

Do you agree to have your name, contact information and topic posted on the ADI Website?

Yes 1 ☐ No 2 ☐

Country _____ Date day month year

ADI Regency _____

General Information

Type of Practice: General 1 ☐ Specialist 2 ☐

Current affiliation Private 1 ☐ Academics 2 ☐

Government 3 ☐ NGO 4 ☐

Subject that you would like to present, discuss, demonstrate, etc.

Would you be available to speak within any ADI Regency?

Yes 1 ☐ No 2 ☐

Do you have a preference for specific Regency? If so, please specify _____

Time required: One half day 1 ☐ One day 2 ☐ Two days 3 ☐

Three days 4 ☐ One week 5 ☐

Time of the year preferred _____

How much time in advance would you prefer to coordinate your presentation?

Would you expect an honorarium? Yes 1 ☐ No 2 ☐

Would you expect travel and/or per diem to be covered by the inviting institution?

Yes 1 ☐ No 2 ☐

Equipment required, i.e, Audio-visual _____

Would your topic be exposed in:

Lecture 1 ☐ Small group discussion 2 ☐ Laboratory demonstration 3 ☐

Clinical Demonstration 4 ☐ Hands-on-Experience 5 ☐

Your Native language _____

Preferred language for presenting _____

Would you agree to simultaneous translation if requested? Yes 1 ☐ No 2 ☐

Would you agree to have your talk, demonstration, etc. recorded? Yes 1 ☐ No 2 ☐