

ABSTRACT SUBMISSION

WRITTEN PERMISSION

Presenter's Name: _____

Please be informed that I/we have no objection to the aforementioned presenter to submit the manuscript titled:

and I/we allow him/her to participate in the **E-Poster Presentation (Student - Dentist)/ Young Dentist Research Award/Graduate Dentist Research Award/Clinical Case Presentation (Student - Dentist)** and present the paper during the **35th Saudi International Dental Conference**.

Name (print) : _____
CO-AUTHOR

Name (signature) : _____
CO-AUTHOR

DATE : _____