**2018/2019 Research Award of the Oral Reconstruction Foundation**

**Application Form**

This application form for the Research Award of the Oral Reconstruction (OR) Foundation is the administrative basis for the submission of a scientific work by one or several authors. By signing this application form, the applicants confirm that they will comply with and accept the terms for participation.

A work will be accepted for consideration by the OR Foundation only if this application form is completely filled in and signed by all authors. The application form must be submitted along with the work, an abstract, and the *curriculum vitae* of the participating author (potential award recipient).

**Title of the work**: …………………………...……………………………………………………………………..…………………………………..….…………………………………………………………...

**Research field:** ………….……………………………………………………………………………………….

**Author(s)**: ………………………………………………………………………………………………….

………………………………………………………………………………………………….

Applicant’s implication

* First author
* Last author
* Corresponding author

By their signature, the authors listed below confirm:

* Knowledge of and consent to the terms for participation in the 2018/2019 Research Award of the Oral Reconstruction Foundation.
* That through this form the authors are assigning to the OR Foundation the right to publish from the award recipient photographs, name, institutional address and quote the award winning publication – after its published – in the OR Foundation's own media, to include it in its bibliography, and/or to make it available online.
* Should the work be selected by the OR Foundation’s Scientific Board, the award goes to that author who is indicated below as the “award applicant“.
* The research was performed for the most part in …………………………………. (country).
* The work has not been published previously, has not received any other kind of award and has not been submitted to any other award panel.
* The work has been (is being) published in the professional journal indicated

 below:

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* If the publication is awarded, the selected “award applicant” will be …….………………….………….. (please, write the name in CAPITALS).
* If the publication has more authors than the space provided for signature, an additional page must be filled. The Award applicant must sign all pages.

**Signatures**

|  |  |  |
| --- | --- | --- |
| **Author(s) (title, surname, first name)** | **Place/Date** | **Signature** |
|
| **Award applicant:** |  |  |
| **Author:** |  |  |
| **Author:** |  |  |
| **Author:** |  |  |
| **Author:** |  |  |

Attachments:

□ The original work as released for publication by the publisher

□ An abstract of the work in English of max. half a page (~2’000 characters)

 in MS Word format

□ A *curriculum vitae* of the award applicant (including date of birth)

□ A confirmation of “accepted for publication” by the professional journal (if not already published)

□ This document signed in pdf format.

E-mail this document to: grant@orfoundation.org

 Subject: Research Award 2018/2019

 Oral Reconstruction Foundation

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