



If you are interested in scheduling a Bite of Education (Lunch and Learn) with the AAID at your dental school, please complete and return this form to the AAID Office email to [membership@aaid.com](mailto:membership@aaid.com), mail or fax 312-335-9090.

Dental School: \_\_\_\_\_

School Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Do you usually schedule lunch presentations on one particular day of the week?**

- Yes If yes, which day? \_\_\_\_\_
- No If no, how are they scheduled? \_\_\_\_\_

**What time are the sessions generally held?**

- 11:30 AM – 12:30 PM
- 12 noon – 1:00 PM
- 12:30 PM – 1:30 PM
- Other \_\_\_\_\_

**Where are the sessions held?**

Building/Room: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**What is the procedure for ordering food for the session:**

- School contact handles food details
- School contact orders food, AAID pays the food vendor
- AAID orders and pays for the food
- Other (please describe procedure): \_\_\_\_\_

**Which of the following are invited to attend these presentations? Mark all that apply.**

	Estimated Attendance
1 <sup>st</sup> Year Dental Students:	_____
2 <sup>nd</sup> Year Dental Students:	_____
3 <sup>rd</sup> Year Dental Students:	_____
4 <sup>th</sup> Year Dental Students:	_____
Other Dental Students (specify):	_____
_____	_____