

**The Edward H. Angle Society of Orthodontists  
Angle East Eastern Component**

**INFORMATION SHEET FOR SPONSORS**

**Nomination/Invitation of a Guest Responsibility of the Sponsors**

1. The sponsor must be aware of the full requirements and procedures for acceptance to membership in the Eastern Component as stated in the Bylaws, Standing Resolutions and Admissions Procedure Manual. These should be reviewed with the proposed member and be thoroughly understood by him/her.
2. The primary sponsor must submit the following to the Eastern Component Secretary Treasurer not later than 180 days prior to the Annual Meeting:
  - a. The Nomination/Invitation Form (Academic or Clinical Track indicated) signed by the sponsor and co-sponsor. Both sponsors must be prepared to fulfill his/her obligations as stated on the form.
  - b. The Guest Acceptance Form and the Curriculum Vitae (C.V.) of the proposed Guest, being certain that the individual has read, understood and signed the form.
3. Sponsors should preview with their proposed Guest the planned scientific presentation and/or cases, assuring that the individual will meet the standards and requirements of the Eastern Component. For proposed members on the Clinical Track, the Admissions Procedure Manual, available online at [www.angleeast.com](http://www.angleeast.com), should be carefully reviewed by both the sponsor and their Guest.
4. Should the proposed member be elected to Affiliate Membership, the sponsors must be prepared to work with the Affiliate Member at prior to and at each meeting to counsel him/her in the fulfillment of the requirements of membership.

**(Sponsors Please keep this sheet in your personal files for periodic reference.)**

**The Edward H. Angle Society of Orthodontists  
Angle East Eastern Component**

Nomination/Invitation of a Guest      Clinical Track \_\_\_\_      Academic Track \_\_\_\_

**Please PRINT all information except signatures.**

Name Last \_\_\_\_\_ First \_\_\_\_\_

Name \_\_\_\_\_

Office Address Street City State Zipcode

Office Phone Office Fax

Home Address Street City State Zipcode

Home Phone Email

This invitation is for the meeting to be held \_\_\_\_\_  
Meeting Date Meeting Location

And in accordance with the Angle Society Eastern Component bylaws is submitted more than 180 days before the meeting date.

As **SPONSOR**, I request that this invitation be issued and I accept the following responsibilities:

1. My Guest will receive a copy of the Admissions Procedure Manual explaining the requirements for case presentation, presentation of papers and the responsibilities for membership on the Clinical or Academic Track.
2. I shall serve as a mentor and resource person if my Guest goes through the process of qualifying for the Affiliate and Regular membership in the Angle Society.
3. I shall be present at the meeting of my Guest with the Examining Committee and at all future meeting of the Examining Committee as the process of membership evolves.
4. If I cannot attend any of the Examining Committee meetings, I shall ask the Co-Sponsor to appear in my place. If the Co-Sponsor cannot attend, the President-Elect will act for us.
5. I shall do everything possible to assure the success of my Guest in meeting the membership requirements of the Angle Society.

\_\_\_\_\_ Please Print

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**CO-SPONSOR ENDORSEMENT**

To the Secretary Treasurer of the Eastern Component of Edward H. Angle Society of Orthodontists:

As **CO-SPONSOR**, I support fully the nomination of \_\_\_\_\_ as a Guest for  
the meeting to be held on \_\_\_\_\_  
Meeting Date Meeting Location

I understand my obligations as stated above and will also serve as a mentor for my Guest.

Co- \_\_\_\_\_ Please Print

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**The Edward H. Angle Society of Orthodontists  
Angle East Eastern Component**

**Acceptance of Guest Invitation --**

**Clinical Track** \_\_\_\_\_

**Academic Track** \_\_\_\_\_

I accept the invitation to attend, as a Guest, the Annual Meeting of the Eastern Component of the Edward H. Angle Society of Orthodontists, held on \_\_\_\_\_ at \_\_\_\_\_.

Meeting Date

Meeting Location

1. I am submitting a complete Curriculum Vitae (C.V.) that includes the following information:
  - a. Honors and awards received, dental and other
  - b. Dental/professional organizational activities (elected or appointed offices, etc.)
  - c. Staff or consulting appointments in hospitals/clinics, (include titles)
  - d. Faculty or consulting appointments in teaching institutions (include titles)
  - e. Public health activities (committees, clinical, administrative, etc.)
  - f. Significant non-dental community activities
  - g. Research interests, projects, and clinical investigations
  - h. Presentations or clinics before professional and scientific groups
  - i. Publications in scientific journals or books
  - j. Articles, clinics, research or publications in preparation
2. I have thoroughly read and understand the requirements for membership in the Eastern Component of the Edward H. Angle Society of Orthodontists. I accept the responsibilities as listed in the Bylaws, Standing Resolutions and Admissions Procedure Manual. I understand and support the purposes of the Edward H. Angle Society of Orthodontists as described on the EHASO web-site, [www.angle.org](http://www.angle.org) and the Angle East web-site, [www.angleeast.org](http://www.angleeast.org).
3. I shall utilize the resources of my sponsors in order to satisfy the requirements of becoming a member of the Eastern Component of the Edward H. Angle Society of Orthodontists.

Name Please Print \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ Date