

**National Children's Dental Health Month 2012**  
**A Healthy Smile? It's Easy to Find!**  
**Awards Application/Reporting Form**

*Congratulations on a successful NCDHM observance! Please complete all sections of the form below.*

Category of Program

\_\_\_\_\_ Component or Branch Level

\_\_\_\_\_ Individual or Small Group

Name of component/branch **OR** individual/group submitting entry:

Key contact person(s) & address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Date(s) of program(s): \_\_\_\_\_

Location: \_\_\_\_\_

Program goal(s): \_\_\_\_\_

Program theme (if any): \_\_\_\_\_

Describe your program: \_\_\_\_\_

How many ISDS members were involved in planning and implementing your event? (Please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did your program impact the public's dental health education? (please indicate how many participants were reached by your program)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you recruit any affiliates (e.g., hygienists, assistants, Alliance members, educators, nurses, pharmacists, etc.) to help with your program? \_\_\_\_ Yes \_\_\_\_ No  
If “yes,” who was involved?

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Did you use any Illinois State Dental Society materials in your observance, e.g., Got Rot brochures, Flossie materials/costume? \_\_\_\_ Yes \_\_\_\_ No  
If “yes,” how?

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What did you do this year to ensure some continuity in planning next year’s observance of NCDHM?

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Supporting materials such as photographs, newspaper clippings and other materials may be included with this application form for review by the panel of judges. Such materials also may be transmitted electronically to [gpitchford@isds.org](mailto:gpitchford@isds.org).

**All entries must be postmarked by April 15, 2011.**

**Mail to:**

**Attn: Gloria**

**IL State Dental Society**

**P O Box 376**

**Springfield, IL 62705**

Questions? Contact ISDS Communications Assistant [Gloria Pitchford](mailto:Gloria Pitchford) at 800/475-4737.