

Give Kids A Smile Day Reporting Form/Awards Recognition Application

Congratulations on an outstanding Give Kids A Smile event! Please complete ALL sections of the form below. Your event will automatically be considered for awards recognition by the ISDS Committees on Access to Care and Public Relations.

Category of Program

_____ Component or Branch Level _____ Dental Office or Small Group

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

Key contact person(s) & Address:

Phone number(s):

Location of Event:

Did any other group(s) co-sponsor the event? _____ Yes _____ No

If "yes," name of co-sponsor(s):

Number of children receiving care:

Number of dentists participating:

Did any politicians attend? _____ Yes _____ No

If yes, whom?

What type of local media coverage did your event receive?

Briefly describe your program:

This information is provided by:

Supporting materials such as newspaper clippings, photographs and other materials are encouraged with this application. Such materials may also be transmitted electronically to lbeane@isds.org.

All entries must be postmarked by March 16.

Return to:

Attn: Lee Ann Beane
IL State Dental Society
P O Box 376
Springfield, IL 62705
Fax: 217/525-8872

