Give Kids A Smile Day
Reporting Form

*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: _____

Photographs may be included 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

give kids a smile!
National Children's Dental Access Day