

Communication Awards Application

NOTE: PLEASE COMPLETE THE ENTIRE FORM. *Application deadline is April 23, 2012.*

You may enter a project in more than one category but,
for each entry, you must submit a separate application and materials. You may duplicate this application.

NAME OF APPLICANT

(AADA member or chair who did the project or event)

Name _____ Fax _____
Alliance position (if any) _____ Signature _____
Home Address _____ Date _____
City, State, Zip _____ Constituent (state) _____
Phone _____ Component (local) _____
Cell _____ Has this project/event been submitted for this award
E-mail _____ before? *Please check one:* Yes No

CHECK AWARD CATEGORY

1. Most effective newsletter
2. Best published article about an Alliance or its members in an Alliance newsletter
3. Best published article about a dental association/society or its members in an Alliance newsletter
4. Best published article about an Alliance or its members in a dental publication
5. Best **published newspaper article** about an Alliance or its members
6. Best **published photograph** about an Alliance or its members in any news media
7. Best **electronic media communication** concerning an Alliance, its members, or dental issue (presented by an Alliance or its members)
8. Most **creative communication** activity by an Alliance or its members

PROJECT INFORMATION — complete the area that applies to your application

For Categories 1, 2 and 3, must submit two (2) originals of newsletter:

Alliance Newsletter Title _____ Editor _____
Newsletter designer _____ Newsletter Printer _____
Number of issues/year _____ Annual Budget _____ Date of submitted issue _____
Article Title & Author (#2 & #3) _____
Number of people reached _____

Project Information Continued on Reverse Side

For Category 4, must submit two (2) copies of article:

Dental Publication Title _____ Date of submitted issue _____

Article Title & Author _____ Number of people reached _____

For Category 5, must submit two (2) copies of article:

Newspaper Title _____ Date article published _____

Newspaper Delivery Area _____ Number of people reached _____

Article Title & Author _____

For Category 6, must submit two (2) copies of the photograph (if photo is part of an article, also include the article)

Where did photo appear _____ Date appeared _____

Delivery Area (i.e. city/state) _____ Number of people reached _____

For Category 7, must submit two (2) copies of the electronic communication; except for web sites:

Electronic Media's Title _____ Date communiqué occurred _____

Delivery Area (i.e. city/county) _____ Number of people reached _____

Number of Alliance volunteers and hours _____ Alliance Cost _____

For Category 8, must submit two (2) copies of the complete project description, including pictures:

Title of project _____

Number of Alliance volunteers and hours _____ Alliance cost _____

Number of people reached _____

PROJECT DESCRIPTION

Please attach and send **no more than 2 additional pages** of a Project Description.

Materials and photographs will not be returned.

RETURN THIS FORM BY: April 23, 2012

SEND TO: Alliance of the ADA • 211 East Chicago Avenue, Suite 730 • Chicago, IL 60611 **OR** trish@allianceada.org

QUESTIONS? You may call Trish at the AADA Central Office: 800.621.8099 EXT 2865 or 312.440.2587.