

SMILE SHOWCASE ENTRY FORM



Print neatly or type (Please feel free to make as many photocopies as needed).

Date _____

Entry submission in one of the following three categories (circle one):

I. SMILE TRANSFORMATION

II. THE PORTRAIT

III. THE POSTER

Entrant Information:

Name (person submitting entry) _____ Designation _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Entry Fee:

(# of) _____ entries X \$25 per entry fee = \$ _____

Check enclosed # _____

Charge to Credit Card # _____

Exp. Date _____ Card Security Code _____

Name on Card _____
PRINT or TYPE name only