

PHOTOGRAPHY CONTEST ENTRY FORM

All photographers submitting entries must be registered to attend the 2016 Greater Long Island Dental Meeting (visit our website www.glidm.org to register).

Deadline: March 15, 2016 Entry Fee: \$ 10

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (____) _____ Fax: (____) _____ Email: _____

Payment enclosed **Check** **Mastercard** **Visa** **Amex**

Credit Card #: _____ Exp. Date: _____

Each Contestant is allowed a maximum of five (5) entries, no more than two (2) in any on category.
Number of entries _____

TITLE	CATEGORY
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I have read and agree to abide by the rules and regulations of this contest.

Signature of Contestant _____

Mail this Photography Entry Form, payment and properly mounted photo entries to the following address:
GLIDM Attn: Photo Contest 1237 Montauk Highway Oakdale, NY 11769

Information Labels

Please print all information and adhere one label to back of each photo.

Title _____

Photographer _____

Address _____

City/State/Zip _____

Phone _____

Category _____

Title _____

Photographer _____

Address _____

City/State/Zip _____

Phone _____

Category _____

Title _____

Photographer _____

Address _____

City/State/Zip _____

Phone _____

Category _____

Title _____

Address _____

City/State/Zip _____

Phone _____

Category _____

Title _____

Address _____

City/State/Zip _____

Phone _____

Category _____