

# 12<sup>TH</sup> ANNUAL GLIDM PHOTOGRAPHY CONTEST

## CATEGORIES

- People (portrait or person as dominant feature)
- Animal (portrait or action)
- Humor
- Still Life
- Landscape/Cityscape (urban or rural scenes)
- Special Effects/Abstract (patterns, blurs, light painting/altered or enhanced photos including infrared, hand painting, sandwiches, computer enhancements, etc.)

## AWARDS

First Place - \$250. Winning photograph to be placed in Society bulletins and/or State Journal. Second and Third place winners will receive ribbons.

## RULES

1. Mail entry form, photography to the address on the Photography Contest Entry Form.
2. This contest is open only to amateur photographers who are members of the dental profession (dentist, hygienists, assistants, lab personnel, front office/administrative, dental students, etc. All entries must be the work of the contestant.
3. Entries may be either color or black and white and they will be judged together. Each contestant will be allowed a maximum of five (5) entries.
4. All photos must be 8 x 10 prints. No other sizes will be accepted. Each photo must be mounted on 11 x 14 mat board. No frames or glass accepted.
5. The information labels provided must be adhered to the back of each photo. Incomplete entry forms or labels may disqualify the entry. Photocopies of the forms are acceptable.

If you have any questions, email our office at [glidm@aol.com](mailto:glidm@aol.com) or call the GLIDM office at 631-244-0722.

## DEADLINES

All entries must be received no later than March 15, 2017.

## FEE

The entry fee per photographer is \$10 for one to up to five (maximum) photos entered.

## LIABILITY & RELEASE

It is up to the discretion of the Planning Board for the display of the photographs. All entries will be displayed during the Meeting. The Greater Long Island Dental Meeting is not responsible for photographs lost or damaged in the mail or onsite. Entries must be picked up at the meeting by 4:00 pm on Wednesday, April 26<sup>th</sup>. Photos that have not been picked up will become the property of the Greater Long Island Dental Meeting. All contestants hereby permit the Greater Long Island Dental Meeting to use photos submitted in reproductions or publications as they deem appropriated.

## PHOTOGRAPHY CONTEST ENTRY FORM

All photographers submitting entries must be registered to attend the 2017 Greater Long Island Dental Meeting.

Entry for must be attached to photographs and may be photocopied if additional forms are needed.

**Deadline: March 15, 2017      Entry Fee: \$10**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Payment enclosed \_\_\_ Check \_\_\_ Mastercard \_\_\_ Visa  
 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 \_\_\_\_\_

|                          |   |                                   |
|--------------------------|---|-----------------------------------|
| <b>People<br/>Animal</b> | <b>Landscape/Cityscape<br/>Special Effects/Abstract<br/>Humor</b> | <b>Still Life<br/>Long Island</b> |
|--------------------------|---|-----------------------------------|

| 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. Photocopy these labels if additional labels are needed.

|             |             |             |
|-------------|-------------|-------------|
| Title _____ | Title _____ | Title _____ |
|-------------|-------------|-------------|

Photographer \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Category \_\_\_\_\_

Photographer \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
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