

PHOTOGRAPHY CONTEST ENTRY FORM

All photographers submitting entries must be registered to attend the **2020** Greater Long Island Dental Meeting.

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

Deadline: February 10, 2020 **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 _____

**People
Animal**

**Landscape/Cityscape
Special Effects/Abstract**

**Still Life
Long Island**

Humor

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
7 Main Street
West Sayville, NY 11796**

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 _____

Photographer _____

Photographer _____

Address _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

City/State/Zip _____

Phone _____

Phone _____

Phone _____

Category _____

Category _____

Category _____