

# PHOTOGRAPHY CONTEST ENTRY FORM

All photographers submitting entries must be registered to attend the **2024** Greater Long Island Dental Meeting.

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

**Deadline: March 10, 2024**      **Entry Fee: \$25**

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</b>	<b>Landscape/Cityscape</b>	<b>Still Life</b>
<b>Animal</b>	<b>Special Effects/Abstract</b>	<b>Long Island</b>
	<b>Humor</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**  
**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 \_\_\_\_\_  
Photographer \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Category \_\_\_\_\_

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