



AWARD APPLICATION

NAME OF APPL	ICANT(S)	TITLE OR POSITION			
ADDRESS	STREET	CITY	STATE	ZIP	COUNTRY
PHONE		FAX		E-MAIL	
TITLE OF PROC	RAM				
NAME OF ORG	ANIZATION/INSTITUTION, IF AN	Υ			
SOURCE OF FL	NDING, IF ANY				
1. Provide a	brief history of your progra	m, and your plans for the next 2-5	i years.		
2. Please dea	scribe your program goals cation and size of the sam	and objectives. Include a descripple.	tion of the population served	to include the ag	es of the subjects,
3. What were	the evaluation goals and	targets? Summarize and report d	ata to reflect the degree to w	hich goals were a	achieved?

4. Explain the program methods and activities.
5. How do you use materials such as videos, brochures, etc. in your program?
6. Your presence or that of a member of your team for presentation of your program as a poster is requested. Please confirm that you will participate in the IAPD Congress in Maastricht, The Netherelands, June 9-12, 2021.
7. You or a member of your team must be a current member of IAPD. Please indicate the name and membership number of the person:
Please attach to your application:

- A 100 word abstract describing the goals, objectives, and content of your program
- A 3 page summary of your program. Examples of materials you use to achieve your goals and materials (audio-visual, charts, poster, brochures, etc.) that demonstrate your achievements will be requested if your entry is short listed.

Please note that:

- All applications should be in English, well-organized, neat and comprehensive.
- Applications should be received by February 28, 2021. Applicants unable to complete their submissions by that date should contact the IAPD Secretariat for an extension.
- All entries become the property of the International Association of Paediatric Dentistry and cannot be returned.

Submit completed applications to: **IAPD** iapd@iapdworld.org